



Cleaning wastewater every day for a better Bay.

SIGNATORY AUTHORIZATION

INDUSTRY NAME			
INDUSTRY LOCATION			
PERMIT NUMBER(S)		P3 CODE	(To be completed by HRSD)

Previously submitted Signatory Authorizations cannot be amended. Receipt of this form automatically revokes any (all) previous authorization(s). Therefore, please LIST ALL CURRENT AUTHORIZED REPRESENTATIVES below. Use additional sheets if necessary.

AUTHORIZED REPRESENTATIVE(S)

This representative must be either an individual or position having responsibility for the overall operation of the facility, or an individual/position of equivalent responsibility, or an individual position having overall responsibility for environmental matters for the company.

1. NAME (Print)		4. NAME (Print)	
TITLE		TITLE	
SIGNATURE		SIGNATURE	
2. NAME (Print)		5. NAME (Print)	
TITLE		TITLE	
SIGNATURE		SIGNATURE	
3. NAME (Print)		6. NAME (Print)	
TITLE		TITLE	
SIGNATURE		SIGNATURE	

APPROVAL AUTHORITY

The person signing this approval must be a president, secretary, treasurer, vice president (Base or Installation Commanding Officer or Vice-Commanding Officer) or any other person who performs similar policy or decision-making functions for the corporation; be a general partner or proprietor if a partnership or sole proprietorship. See 40 CFR Part 403.12 for additional information.

The approval authority below shall be considered an authorized representative and need not be listed above.

NAME (Print)		TITLE	
SIGNATURE		DATE	

ORIGINAL FORM MUST BE SUBMITTED TO HRSD