

NPDES & NPP Signatory Authorization Form (NDEE, Title 119, Chapter 13)

- a. Complete this form to identify or update contact information pertaining to the facility.
- b. Do not use home or personal addresses, unless necessary.
- c. Send to the Department with any application; or with any change or new authorization prior to, or together with, any reports, information, or applications.
- d. **This form must be signed by the Certifying Official.**

NDEE Facility ID	NPDES Permit Number <div style="text-align: center; font-size: 1.2em;">NE</div>
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Facility Information

Facility Legal Name		
Mailing Address (Street or PO Box)		
City or Town	State	Zip Code

Applicant/Permittee

- a. The name of company, business, governmental entity, or person that owns the facility and will be responsible for the permit compliance.

Applicant/Permittee

Certifying Official (Responsible Official in NetDMR)

- a. Person responsible for the permit, signing applications, signing DMRs or designating someone to sign DMRs (Duly Authorized Representative), and other correspondence.
- b. Those qualified for the designation of Certifying Official are:
 - for a corporation, by a responsible corporate officer;
 - for a partnership or sole proprietorship, by a general partner or proprietor, respectively;
 - for a municipal, State, Federal, or other public agency, by a principal executive officer or ranking elected official.

Certifying Official Name (first and last)		Title
Phone number	Email address	
Address (if different than facility address)		Same as facility address
City or Town	State	Zip Code

Duly Authorized Representative (Signatory in NetDMR)

- a. Person designated by the Certifying Official, and is responsible for receiving, completing, and signing DMRs, and receiving other correspondence.
- b. For additional Authorized Representative, use the space provided on page 2.

Certifying Official will be signing DMRs (do not complete this section)

Authorized Representative Name (first and last)		Title
Phone number	Email address	
Address (if different than facility address)		Same as facility address
City or Town	State	Zip Code

Operator

- a. Person responsible for the operation and maintenance of the plant.
- b. Facilities requiring certified operators shall meet the requirements of NDEE Title 197, and Title 123, chapter 11.
- c. If you represent this Facility as/for a Contractor, complete the contractor information.

Operator Name (first and last)		Classification	Certification #
Phone number	Email address		
Mailing Address (Street or PO Box)		Same as facility mailing address	
City or Town	State	Zip Code	
Contractor Name		Not Applicable	
Contractor Phone number	Contractor Email address		
Contractor Mailing Address (Street or PO Box)			
City or Town	State	Zip Code	

Additional Information

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Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Certifying Official Signature	
Printed Name	Date