

Duly Authorized Representative (DAR) Delegation Form (Water)

Facility Name: _____ AI#: _____

Prior to completing this form, please ensure the person completing this form is an authorized signatory. An authorized signatory is as follows:

- (1) For a corporation. By a responsible corporate officer. For the purpose of this section, a responsible corporate officer means:
 - (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) For a partnership or sole proprietorship, a general partner or the proprietor, respectively; or
- (3) For a municipality, State, Federal, or other public agency, either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes: (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

This authorization may specify either named individual(s) or position(s) that must have responsibility for the overall operation of the regulated facility, activity, or environmental matters for the company. *Please identify either named individual(s) or position(s) (not both) and then complete the "Facility Contact Identification Form" for identified individuals.*

I certify I am an Authorized Signatory and am requesting the following persons/positions to be Duly Authorized Representative (DAR) in order to complete reports required by MDEQ permits and submit information requested by the MDEQ Director on behalf of the above facility.

_____	_____
_____	_____
_____	_____
_____	_____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Typed or printed name of authorized signatory

Signature of authorized signatory

Title of authorized signatory

Date

Facility Contact Identification Form

Facility Name: _____

Facility Number: _____

If an existing contact is being replaced with a new contact, please identify the existing contact that is to be replaced on the "Existing Contact" line.

New Facility Contact: _____ Title: _____

Existing Facility Contact to be replaced (if applicable): _____

Facility Contact Mailing Address: _____

Facility Contact Telephone No: _____ Facility Email: _____

New Facility Contact: _____ Title: _____

Existing Facility Contact to be replaced (if applicable): _____

Facility Contact Mailing Address: _____

Facility Contact Telephone No: _____ Facility Email: _____

New Facility Contact: _____ Title: _____

Existing Facility Contact to be replaced (if applicable): _____

Facility Contact Mailing Address: _____

Facility Contact Telephone No: _____ Facility Email: _____

New Facility Contact: _____ Title: _____

Existing Facility Contact to be replaced (if applicable): _____

Facility Contact Mailing Address: _____

Facility Contact Telephone No: _____ Facility Email: _____
