

# Responsible Official/Duly Authorized Representative Identification Form

(The following page is to be used for specifying facility contacts)

Facility Name: \_\_\_\_\_ Facility Number: \_\_\_\_\_

I hereby certify that I am qualified under the regulatory definition to be the responsible official for the above-named facility. Specifically, I, \_\_\_\_\_:

(Typed or printed name)

am an officer of the corporation. My title is \_\_\_\_\_.

perform policy or decision-making functions similar to that of an officer of the corporation.

Explain: \_\_\_\_\_

\_\_\_\_\_

am a general partner in a partnership.

am the owner of a sole proprietorship.

am a principal executive officer or ranking elected official of a municipality, state, federal, or other public agency. My office/title is: \_\_\_\_\_.

My agency is: \_\_\_\_\_.

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*Note: A duly authorized representative may only be designated for corporations, and while a corporation may have several responsible officials, it can only have one duly authorized representative.*

I hereby designate \_\_\_\_\_ as a duly authorized representative to act in my stead.  
(Name of individual)

This individual's business title is: \_\_\_\_\_.

I also certify that this individual is responsible for the overall operation of one or more facilities applying for or subject to a permit under these regulations and that

the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), or

approval of this delegation of authority has been previously requested of and given by the DEQ.

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Signature of responsible official

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Signature of duly authorized representative designee

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Date

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For MDEQ use only:

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Acknowledged by

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Date

# Facility Contact Identification Form

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

- To correct information from page 1, indicate a correction by checking the "Correction" box, indicate the name of the facility contact and fill out only the information that is to be corrected.
- To add a facility contact, indicate an addition by checking the "Addition" box and complete all of the information.
- To remove a facility contact from page 1, indicate the contact is to be removed by checking the "Removal" box and fill out the name of the contact only.

Correction

Addition

Removal

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

Correction

Addition

Removal

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

Correction

Addition

Removal

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

Correction

Addition

Removal

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

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