

INDUSTRIAL PRETREATMENT PROGRAM DESIGNATION OF AUTHORIZED AGENT FORM

Section A: Registered Officer/Director

Company Name and Permit #:	
Local Facility Address:	
Registered Officer/Director:	
Title:	
Mailing Address:	
Work Phone Number:	
Email Address:	
*Cell Phone Number:	
**Signature and Date:	

****By signing this document the Registered Officer certifies under penalty of law the agents listed in Section B can act as Authorized Agents for the company.**

Section B: Authorized Agents As Designated by Registered Officer/Director

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

*CELL PHONE NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, PROCESS UPSET, FIRE, ETC)

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
*Cell Phone Number:	
Signature & Date:	

Name:	
Title:	
Work Phone Number:	
Fax Number:	
Email Address:	
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Signature & Date:	

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