



# Industrial User Signature Authorization Form

**Industry Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Printed Name</b>	<b>Job Title or Position</b>	<b>Wastewater Cert. No. (if applicable)</b>	<b>Telephone No. / Cell Phone No.</b>	<b>Email Address</b>	<b>Primary Contact (please check <u>one</u> name only)</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Responsible Corporate Official  
in accordance with 40 CFR 403.12 (l)(1)

\_\_\_\_\_  
Date