Written Authorization of Duly Authorized Representative Pursuant to Rule 62-620.305, F.A.C.

 ,	, a r	person authoriz	zed as describe	ed in Rule 62-620.305(1),
(Print name of Responsible Corporate				· ''
F.A.C., Responsible for the facility l	known as			do hereby designate
		(Facility Nam	ne)	
		as a D	Ouly Authorize	ed Representative (DAR)
(Print Name and/or Title of Rep	presentative)			
of		for the purp	ose of signing	reports documents,
(Operator/Company	/Permittee)			
certifications or providing other inf	ormation as requ	ired NPDES Sto	ormwater Gen	eric Permit for the following:
facility(ies)(Faci	ilia ID Wa	in ac	ccordance wit	h the certification below:
I certify under penalty of law that tor supervision in accordance with a gathered and evaluated the inform manage the system, or those perso submitted is, to the best of my knothere are significant penalties for simprisonment for knowing violation	a system designed nation submitted. ons directly respon wledge and belie ubmitting false in	I to assure that Based on my ir nsible for gathe f, true, accurate	qualified pers nquiry of the pering the infor e, and comple	sonnel properly person or persons who mation, the information tte. I am aware that
(Signature of Responsible Corporate Officer)			-	(Date)
(Signature of DAR)	DAR Info	ormation	-	(Date)
Mailing Address:			-	
Company Name:			_	
Email Address:			_	
Phone Number:				