CITY OF _____ INDUSTRIAL PRETREATMENT PROGRAM

AUTHORIZATION OF APPROVED REPRESENTATIVE

Industrial User Name **Name, Inc.,**
Address Street
City, FL 33711

Discharge Permit # _____

Date _____

To: Industrial Pretreatment Coordinator, City of _____,

I, _____, hereby certify that I am a responsible corporate officer, manager, general partner or proprietor of the above named company and that I am in charge of principal business function and am able to perform policy and decision-making functions for the company.

I hereby duly authorize _____, whose signature also appears below to be my representative. I authorize my representative to sign all industrial pretreatment certification statements on my behalf.

Signed _____

Title _____

Signature of Authorized Representative _____

Title of Representative _____