

**WRITTEN AUTHORIZATION OF DULY AUTHORIZED REPRESENTATIVE PURSUANT TO RULE 62-620.305, F.A.C.**

I, \_\_\_\_\_, A PERSON AUTHORIZED AS DESCRIBED IN RULE 62-620.305(1),  
(Print name of Responsible Corporate Officer)

F.A.C., RESPONSIBLE FOR THE FACILITY KNOWN AS \_\_\_\_\_ DO HEREBY DESIGNATE  
(Facility Name)

\_\_\_\_\_ AS A DULY AUTHORIZED REPRESENTATIVE (DAR) OF  
(Print Name and/or Title of Representative)

\_\_\_\_\_ FOR THE PURPOSE OF SIGNING REPORTS REQUIRED BY THE  
(Operator/Permittee)

NPDES STORMWATER GENERIC PERMIT, DOCUMENTS, CERTIFICATIONS OR PROVIDING OTHER INFORMATION AS REQUIRED FOR

\_\_\_\_\_ IN ACCORDANCE WITH THE CERTIFICATION BELOW:  
(Facility ID #(s))

**CERTIFICATION**

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

\_\_\_\_\_  
(SIGNATURE OF RESPONSIBLE CORPORATE OFFICER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF DAR)

\_\_\_\_\_  
(DATE)

**DAR INFORMATION**

MAILING ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_