## Mountaintop Area Joint Sanitary Authority Authorized Representative and Duly Authorized Representative Authority Form

**Purpose**: This document is to ensure only authorized representatives and duly authorized representatives from Industrial and Commercial facilities have the authority to sign required documents for Mountaintop Area Joint Sanitary Authority's (MAJSA) Industrial Pretreatment Program through Shared CROMERR Services (SCS). Documents submitted without required signatures will not be accepted due to improper authorization and certification. Any future form of the document submitted shall replace previous versions. MAJSA will keep this form up to five years after an Industrial Users Permit expires, or continually for any compliance actions taken with in Industrial User.

Facility Name:		
Industrial Wastewater pe	ermit # if Applicable:	
Facility Address:		
Mailing Adress:  Contact Information:		
(Name)	(Title)	(Contact Number)
(Name)	(Title)	(Contact Number)

Publicly Owned Treatment Works (POTW), or is responsible for environmental matters for the facility, and has authorization to submit signed documents to MAJSA. (Name) (Title) (Contact Number) (Name) (Title) (Contact Number) (Name) (Title) (Contact Number) **Authorized Representative**: An Authorized Representative is define in CFR 403.12(1) as president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure longterm environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. (Name) (Title) (Contact Number)

**Duly Authorized Representative:** If an Authorized Representative of a facility requests specific job title(s) or individual(s) to have signature authority, the representative must fill out the lines below in writing. This authorization specifies that the job title(s) and/or individual(s) listed below are responsible for the operation of the facility in which discharge originates and enters the

Please mail wet ink form to MAJSA 290 Morio Drive Mountain Top PA 18707

Date:

Signature: \_