



AGENCY USE ONLY

Permit No.:

Date Received:

Received By:

FORM

Attachment A

Delegation of Authority
Storm Water Discharge Associated with Construction Activity
MTR100000**READ THIS BEFORE COMPLETING THE FORM**

This form is for permittees operating under the Montana Department of Environmental Quality's *General Permit for Storm Water Discharges Associated with Construction Activities* to identify additional SWPPP administrators and/or duly authorized representatives. Person(s) or position(s) may be duly authorized representatives. A duly authorized representative may sign documents related to the permit authorization including the SWPPP and inspection reports. Even if a duly authorized representative is designated, only the signatory authority may sign the NOI, PTN, or NOT.

THIS FORM MUST BE COMPLETED AND SIGNED BY THE SIGNATORY OF THE NOI.

Section A- Permit Information (required)

Permit Number: MTR1 _____ Site/Facility Name _____

Section B- Additional Contacts

Fill out this section to identify new SWPPP Administrators or Duly Authorized Representatives.

By checking the box for "duly authorized representative" the signatory:

- designates the individual(s) listed as a duly authorized representative(s); and
- certifies that the individual(s) has the responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company (per ARM 17.30.1323).

1. ☐ SWPPP Administrator (*must provide training information*) ☐ Facility Contact ☐ Duly Authorized Representative
Name _____ Position Title _____
Company Name _____
Email _____ Phone _____ Alternate Phone _____
Mailing Address _____
City, State, and Zip Code _____
Training Provider/Course _____ Date Completed _____

2. ☐ SWPPP Administrator (*must provide training information*) ☐ Duly Authorized Representative
Name _____ Position Title _____
Company Name _____
Email _____ Phone _____ Alternate Phone _____
Mailing Address _____
City, State, and Zip Code _____
Training Provider/Course _____ Date Completed _____

3. ☐ SWPPP Administrator (*must provide training information*) ☐ Duly Authorized Representative
 Name _____ Position Title _____
 Company Name _____
 Email _____ Phone _____ Alternate Phone _____
 Mailing Address _____
 City, State, and Zip Code _____
 Training Provider/Course _____ Date Completed _____

Section C – Removal of Contacts

Fill out this section to remove SWPPP Administrators and/or Duly Authorized Representatives.

1. Name _____ Email _____
☐ Remove SWPPP Administrator ☐ Remove Duly Authorized Representative
 2. Name _____ Email _____
☐ Remove SWPPP Administrator ☐ Remove Duly Authorized Representative
 3. Name _____ Email _____
☐ Remove SWPPP Administrator ☐ Remove Duly Authorized Representative

Section D – Certification

This form must be signed by an individual with signatory authority per ARM 17.30.1323, defined as:

- For a corporation, by a responsible corporate officer. A responsible corporate officer means:
 - A 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 employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- For a municipality, state, federal, or other public agency, by either a principal executive officer or ranking elected official. A principal executive officer of a federal agency includes:
 - The chief executive officer of the agency; or
 - A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

Any Person Signing this Document Must Complete the Following 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 gather and evaluate the information submitted. Based on my inquiry of the 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.

A. Name (Type or Print)	
B. Title (Type or Print)	C. Phone No.
D. Signature	E. Date Signed

This form may be submitted via DEQ's online permitting system FACTS or mailed to the following address:
 Montana Department of Environmental Quality
 Water Protection Bureau
 PO Box 200901
 Helena, MT 59620-0901
 (406) 444-3080