REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

							er Operations	
Type of Change:	☐ Nev	Cognizant (Official (or duly autho	rized repre	sentative)	(sections 1 an	id 2)
(check one)	✓ Nev	v Responsib	le Offici	al (complete sec	tion 2 only)			
	☐ Bot	1 (sections 1 ar	nd 2)					
•	☐ Add	tional Cogni	zant Off	icial (or duly	authorized	representa	tive) (section	ns 1 and 2)
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The ranking offic representative), for required by the pe	or signing the	permit requ	<u> Jired re</u>	ports, etc., i	ncluding E	cognizan Discharge I	t official, (Monitoring	duly auth Reports
Signature of the	Cognizant Offic	cial (Duly Au	thorized	l Representat	ive)			_
Name (First Nam	e, MI, Last Na	ne) Typed o	r Printe	d				-
Mailing Address				City, State,	and Zin			_
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Title			A/C	Phone		Fax		-
Email Address: By signature below duly authorized rep				that the abo			į is qualifie	d to act a
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Type of Change: (check one)	New Respon	sible Officia 1 and 2)	l (complete sec	rized representa tion 2 only) authorized repre		
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Name (First Name,	MI, Last Name) Type	ed or Printed	ď			
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