REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Number: ARG550540 Facility Name: Anthony Forest Product Company, LLC.

Type of Change: (check one)

- [X] New Cognizant Official (or duly authorized representative) (sections 1 and 2)
- [ ] New Responsible Official (complete section 2 only)
- [ ] Both (sections 1 and 2)
- [ ] Additional Cognizant Official (or duly authorized representative) (sections 1 and 2)

1. NEW **COGNIZANT OFFICIAL** (*or duly authorized representative*) (See 122.22(b); the individual, authorized by the ranking official in writing, as **having responsibility for the overall operation** of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following ***individual*** as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Carol E. Austin
Signature of the Cognizant Official (Duly Authorized Representative)

Carol E. Austin
Name (First Name, MI, Last Name) Typed or Printed

P.O. Box 724 — *Mailing Address*
Strong, AR 71765 — *City, State, and Zip*

Environmental Compliance Coordinator — *Title*
(251) — *A/C*
243-5106 — *Phone*
NA — *Fax*
Email Address: carol.austin@canfor.com

By signature below, the responsible official certifies that the above named **individual** is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RESPONSIBLE OFFICIAL** (***Note:*** *The responsible official is the person authorized to sign the permit application i/a/w 40 CFR 122.22(a).* For a *Corporation*: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. *Municipality, State, Federal or other Public Agency*: the principal executive officer ranking elected official.)

Phil D. Witter — *Signature of the Responsible Official*
1-19-22 — *Date*

Phil D. Witter
Name (First Name, MI, Last Name) Typed or Printed

P.O. Box 724 — *Mailing Address*
Strong, AR 71765 — *City, State, and Zip*

Corporate Environmental Manager — *Title*
(251) — *A/C*
452-7174 — *Phone*
NA — *Fax*
Email Address: phil.witter@canfor.com

Certification: I certify under penalty of law that this document and all attachments were prepared under my direct 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 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.

Will the Responsible Official also be the person signing submittals? ☐ Yes ☐ No