REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

	-	ARR000955	·	acility Name:	1710411010		
Type of Change: (check one)		-		or duly autho		sentative) (secti	ons 1 and 2)
		Both (section	ns 1 and 2)				
		Additional C	ognizant Off	ficial (or duly a	uthorized (representative)	(sections 1 and 2)
NEW COGNIZANT the ranking official activity responsibilit	in wri	ting, as havir	ng responsi	bility for the	overall c	peration of the	he regulated fa
The ranking offici- representative), for required by the pen	r signir	ng the permit	required re	ports, etc., i	ncluding D		
Signature of the C	ogniza	nt Official (Du	ly Authorized	l Representat	ive)		
Name (First Name	, MI, L	ast Name) Typ	oed or Printe	d			
Mailing Address				City, State,	and Zip		
			()			
Title							
Email Address: By signature below						Fax individual is o	qualified to act
Email Address: By signature below duly authorized rep RESPONSIBLE OF 1/2/W 40 CFR 122 Proprietorship: the executive officer rain	resenta FICIA 22(a). genera nking e	L (<i>Note: The E</i> For a <i>Cor</i> Il partner or projected official.)	icial <u>certifies</u> provisions cresponsible poration: it oprietor. Mu	that the about 40 CFR 122 official is the response	<u>2.22(b)</u> . person aut nsible corp	individual is of the horized to sign to orate officer.	n the permit ap Partnership
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