

## ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Water, Wastewater Discharge Authorization Program

555 Cordova Street, Anchorage, AK 99501

email: <a href="mailto:DEC-401Cert@alaska.gov">DEC-401Cert@alaska.gov</a>, Phone: 907-269-6285

## **DELEGATION OF SIGNATURY AUTHORITY** for Clean Water Act §401 Water Quality Certification Application

I. Identify the applicable fed	eral license or	permit*					
Federal Agency: USACE,	□ EPA, □ F	ERC, or 🗌 Oth	er:				
Permit / License Number *A copy of the federal permit or license applicati	Project Nam		the water quality certificatio	n. (18 AAC 15.130, 1	8 AAC 15.180)		
II. Project Proponent and Poi	nt of Contact						
Applicant Information	Point of Contact or Agent Information						
First Middle	Last		First	Middle	Last		
Company	Title		Company		Title		
Mailing Address Street or PO Box Cit		State Zip	Mailing Address or PO Box		City	State	
Mailing Address Street or PO Box Cit	y	State Zip	Mailing Address of PO Box		City	State	Zip
Email	Phone	Fax (optional)	Email		Phone		Fax (optional)
Statement of Authorization  I hereby authorize the above Peupon request, supplemental in	-	-	•	_	chis applicatio	n and to	furnish,
18 AAC 15.030. Signing of appl	ications.						
All permit or approval applicati	ons must be sig	gned as follows:					
<ul><li>(1) in the case of corporation representative, if the repr</li><li>(2) in the case of a partnership</li></ul>	esentative is re	esponsible for the				-	rized

- (3) in the case of a sole proprietorship, by the proprietor; and
- (4) in the case of a municipal, state, federal or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee.