

C. Facility Administrator Information

Include the following information for all Facility Administrators listed in Part B. Attach additional pages if you need more space.

Facility Administrator for Permit Number:					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
Facility Administrator for Permit Number:					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
Facility Administrator for Permit Number:					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
Facility Administrator for Permit Number:					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	
Facility Administrator for Permit Number:					
Name:		Title:			
Do you already have an eDMR account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, User ID:			
Organization:					
Email Address:		Phone:			
Mailing Address:					
City:		State:		Zip:	

D. Responsible Official Authorization

I, _____ (printed name), certify that I meet the legal signatory authority requirements under 40 CFR 122.22, to make this request on behalf of _____ (Owner/Organization Name).

Signature

Date