King County Code 28.82.050 requires a signature from an “authorized representative” on Industrial Waste applications and reports. Sometimes that person prefers to delegate signature authority to someone else in their organization, such as a person who is responsible for the overall operation of the facility from which the discharge originates or has overall responsibility for environmental matters for the company or agency.

If you wish to delegate signature authority to an individual and/ or a position, please complete the form on the reverse page and submit it to KCIW:

**Email:** [info.kciw@kingcounty.gov](mailto:info.kciw@kingcounty.gov)

**Mail:** 201 South Jackson Street, Room 513, Seattle, WA 98104

Use additional copies of this form to delegate to additional people and/or positions. You may also submit this information on your own letterhead. This delegation of signature authority may be changed at any time by providing KCIW with a new delegation of signature authority form or by letter. The new form will supersede the previous form and therefore must contain the names of every person who has delegated signatory authority for the organization.

**Authorized representative definitions**

An authorized representative is responsible for the accuracy of the information provided. For constructions sites it is the site owner. The authorized representative may be one of the following:

1. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function or any other person who performs similar policy or decision-making functions
2. The manager of one or more manufacturing, production, or operating facilities, but only if the manager:
   * + 1. Is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations;
       2. Can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements and knowledgeable of King County reporting requirements; and
       3. Has been assigned or delegated the authority to sign documents, in accordance with corporate procedures
3. A general partner or proprietor if the industrial user is a partnership or proprietorship
4. A director or highest official appointed or designated to oversee the operation and performance of the industry if the industrial user is a government agency
5. An individual/and or position—delegated in writing by one of the first four (A–D above)—who is responsible for the overall operation of the facility from which the discharge originates or has overall responsibility for environmental matters for the company or agency.

Person Delegating Signature Authority

By signing below, I certify that I am authorizing the following person(s) and/or position(s) to receive signature authority. I am an authorized representative for the company named below because I meet the following definition on the reverse page:



|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Permit or Authorization Number (if known) |
|  |  |  |
| Title |  | Company Name |
|  |  |  |
| Phone |  | Street Address |
|  |  |  |
| Email |  | City, State, and Zip |
|  |  |  |
| Signature |  | Date |

**Person(s) and/ or Position(s) Receiving Signature Authority**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | |  |  | **2.** | | |
| Name or Position | | |  |  | Name or Position | | |
|  | | |  |  |  | | |
| Title | | |  |  | Title | | |
|  | | |  |  |  | | |
| Company Name | | |  |  | Company Name | | |
|  |  |  |  |  |  |  |  |
| Street Address |  | Phone |  |  | Street Address |  | Phone |
|  |  |  |  |  |  |  |  |
| City, State, and Zip Code |  | Email |  |  | City, State, and Zip Code |  | Email |
|  | | |  |  |  | | |
| Signature | | |  |  | Signature | | |
| **3.** | | |  |  | **4.** | | |
| Name or Position | | |  |  | Name or Position | | |
|  | | |  |  |  | | |
| Title | | |  |  | Title | | |
|  | | |  |  |  | | |
| Company Name | | |  |  | Company Name | | |
|  |  |  |  |  |  |  |  |
| Street Address |  | Phone |  |  | Street Address |  | Phone |
|  |  |  |  |  |  |  |  |
| City, State, and Zip Code |  | Email |  |  | City, State, and Zip Code |  | Email |
|  | | |  |  |  | | |
| Signature | | |  |  | Signature | | |