

**WISCONSIN PRETREATMENT
SIGNATURE AUTHORIZATION FORM**

Pursuant to 40 CFR 403.12(1) of the General Pretreatment Regulations. I hereby authorize (Print)

_____ (Name)
_____ (Position)
_____ (Facility Name)
_____ (Facility Location)

to act as my agent in signing required pretreatment reports submitted to the Department of Natural Resources for the facility identified above. This individual has responsibility for the overall operation of the facility from which the regulated discharge originates, or has overall responsibility for environmental matters for the company. If a different individual assumes these responsibilities a new authorization will be submitted.

Signature Title

Company Date

Note: if this authorization is no longer accurate because a different individual has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirement of 40 CFR 403.12(1) must be submitted to the Department prior to or together with any reports to be signed by the authorized representative.