



**Department of
Environmental
Conservation**

**State Pollutant Discharge Elimination
System (SPDES) Permit -
Designation of Authority**

Complete and submit this form with your SPDES application for any contact and authorization changes for the facility named below. Submit additional pages if needed.

Facility Name:					
Mailing Address, Post Office City, State, Zip Code:					
SPDES #:	NY		DEC ID:	-	-

Water Permitting Facility Owner Contact The named individual and/or Title below is designated to receive and sign the SPDES application form, and receive a copy of the issued SPDES permit for this facility –

Name:					
Title:					
Company Name:					
Mailing Address, Post Office City, State, Zip Code:					
Email:			Telephone:		

Water Fee Billing Contact The named individual and/or Title below is designated to receive mailings and handle all matters related to SPDES fee billing for this facility –

Name:					
Title:					
Company Name:					
Mailing Address, Post Office City, State, Zip Code:					
Email:			Telephone:		

I am authorized* as the Permittee to make the changes noted above:

Name:					
Title:					
Company Name:					
Mailing Address, Post Office City, State, Zip Code:					
Email:			Telephone:		
Signature of Permittee:				Date:	

* A change in Permittee Name requires an Application for Permit Transfer.

Acceptable Permittee signatures are as follows:

Organization

- Corporation
- Partnership
- Sole proprietorship
- Municipality, state,
federal, or public facility

Required Signature

- Principal executive officer of at least vice-president level.
- General partner
- Proprietor
- Principal executive officer, other ranking elected official.