



Metropolitan Council Environmental Services  
 Industrial Waste & Pollution Prevention Section  
 390 North Robert Street  
 St. Paul, Minnesota 55101-1805

**DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR  
 SUBMITTAL OF INDUSTRIAL WASTE DISCHARGE REPORTS**

In many cases, an authorized representative (a principal executive officer of at least Vice President level, if the Applicant is a corporation or a general partner or proprietor if the Applicant is a partnership or sole proprietorship) may wish to designate a person for the purpose of signing and submitting Industrial Waste Discharge Reports to Metropolitan Council Environmental Services (MCES) as required by the Industrial Discharge Permit. Please note the Designated Authorized Representative will receive all official correspondence from the MCES including compliance matters. If you, an authorized representative, wish to designate a person for this purpose, please complete this form. Please note, this designee must have responsibility for the overall operation of the facility or have overall responsibility for the environmental matters of the facility.

Industrial Discharge Permit Number : \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
 \_\_\_\_\_

I hereby designate (name) \_\_\_\_\_ as my Designated Authorized Representative for the purpose of signing and submitting MCES Industrial Waste Discharge Reports for the above-referenced facility. I understand that this designation does not release me from responsibility or liability for any violations of MCES Waste Discharge Rules that may occur at this facility.

_____	_____
Name	Title
_____	_____
Signature	Date

I understand that as a Designated Authorized Representative I am responsible for ensuring accurate collection and representation of all information submitted on MCES Industrial Waste Discharge Report(s) for the above-referenced facility. Further, I understand that I will be the primary contact for issues regarding the above-referenced MCES Industrial Discharge Permit.

_____	_____	
Name of Designated Authorized Representative	Company *	
_____	_____	
Signature	Title	
_____	_____	_____
Date	Phone	E-mail

- Complete only in the case of Special Discharge Permits when a consultant is designated as an Designated Authorized Representative.