CITY OF DALLAS

CITY OF DALLAS
PERMIT TO DISCHARGE TO THE SANITARY SEWER
APPLICATION FORM

Note: Please read and complete all the sections of this application.

SECTION A: GENERAL INFORMATION

1. Facility Name: _____

   Applicant's Name: _____

   Date operations or service started at this site: _____

   Is the applicant also the owner of the facility? _____ Yes _____ No

   If no, provide the name and address of the owner and submit a copy of any documents (contracts, etc.) indicating the applicant's scope of responsibility for the facility:

   Name: _____

   Street: _____

   City: _____ State: _____ Zip _____

2. Facility Address:

   Street: _____

   City: _____ State: _____ Zip _____

3. Business Address:

   Street or P.O. Box: _____

   City: _____ State: _____ Zip _____

4. Designated signatory authority of the facility:

   Name: _____

   Title: _____

   Address: _____

   City: _____ State: _____ Zip _____

   Phone number: _____

   ***Note**: The signatory authority is a person such as a president, vice-president, partner or director, or an individual authorized by such a person as having overall responsibility for environmental matters for the company as specified **in writing**.*

5. Designated Facility Contact:

   Name: _____

   Title: _____

   Phone number: _____

   ***Note**: The designated facility contact is a person who is at the facility during normal working hours and is available to assist City personnel or their representatives.*

6. Date discharge commenced at the facility: _____

7. Date of Baseline Monitoring Report (BMR), if applicable: _____

8. Date of 90 day Report on Compliance (ROC), if applicable: _____

SECTION B: BUSINESS ACTIVITY

1. Indicate below if your facility employs or will be employing processes described by the following categories, even if they generate no wastewater, waste sludge, or hazardous wastes. Mark all that apply to your entire facility.

   Industrial Categories
   ___Airport Deicing (40 CFR 449)
   ___Aluminum Forming (40 CFR 467)
   ___Asbestos Manufacturing (40 CFR 427)
   ___Battery Manufacturing (40 CFR 461)
   ___Canned and Preserved Fruits and Vegetables Processing (40 CFR 407)
   ___Canned and Preserved Seafood (40 CFR 408)
   ___Carbon Black (40 CFR 458)

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___Cement Manufacturing (40 CFR 411)
___Centralized Waste Treatment (40 CFR 437)
___Coal Mining (40 CFR 434)
___Coal Coating (40 CFR 465)
___Concentrated Animal Feeding Operations (40 CFR 412)
___Concentrated Aquatic Animal Production (40 CFR 451)
___Construction and Development (40 CFR 450)
___Copper Forming (40 CFR 468)
___Dairy Products Processing (40 CFR 405)
___Electric and Electronic Components Manufacturing (40 CFR 469)
___Electroplating (40 CFR 413)
___Explosives Manufacturing (40 CFR 457)
___Ferroalloy Manufacturing (40 CFR 424)
___Fertilizer Manufacturing (40 CFR 418)
___Foundries (Metal Molding and Casting) (40 CFR 464)
___Glass Manufacturing (40 CFR 426)
___Grain Mills (40 CFR 406)
___Gum and Wood Chemicals (40 CFR 454)
___Hospital (40 CFR 460)
___Inorganic Chemicals (40 CFR 415)
___Iron and Steel (40 CFR 420)
___Landfills (40 CFR 445)
___Leather Tanning and Finishing (40 CFR 425)
___Meat and Poultry Products (40 CFR 432)
___Metal Finishing (40 CFR 433)
___Metal Products and Machinery (40 CFR 438)
___Mineral Mining and Processing (40 CFR 436)
___Nonferrous Metals Forming (40 CFR 471)
___Nonferrous Metals Manufacturing (40 CFR 421)
___Oil and Gas Extraction (40 CFR 435)
___Ore Mining and Dressing (40 CFR 440)
___Organic Chemicals Manufacturing (40 CFR 414)
___Paint Formulating (40 CFR 446)
___Ink Formulating (40 CFR 447)
___Paving and Roofing Manufacturing (40 CFR 443)
___Pesticides Manufacturing (40 CFR 455)
___Petroleum Refining (40 CFR 419)
___Pharmaceutical (40 CFR 439)
___Phosphate Manufacturing (40 CFR 422)
___Photographic (40 CFR 459)
___Plastics Molding and Forming (40 CFR 463)
___Porcelain Enameling (40 CFR 466)
___Pulp, Paper and Fiberboard Manufacturing (40 CFR 430)
___Rubber Manufacturing (40 CFR 428)
___Soap and Detergent Manufacturing (40 CFR 417)
___Steam Electric (40 CFR 423)
___Sugar Processing (40 CFR409)

___Textile Mills (40 CFR 410)
___Timber Products (40 CFR 429)
___Transportation Equipment Cleaning (40 CFR 442)
___Waste Combustors (40 CFR 444)

*Note: A facility with processes included in these business areas **may be** covered by Environmental Protection Agency's (EPA) categorical pretreatment standards and may be determined a "categorical user." If your facility has processes included in the above list of categorical processes as identified by the EPA, list all of the applicable categories and subparts below. Categorical subpart information can be found in Title 40 of the Code of Federal Regulations Parts 405 – 471.*

_____

_____

_____

2. Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

a. Primary products and/or services.

_____

_____

_____

_____

b. Brief description of all operations at this facility. (Use another sheet if needed)

_____

_____

_____

3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in descending order of importance:

a. _____ c. _____

b_____ d. _____

4. Production: (units/day or year)

PRODUCT PRODUCED OR SERVICE PROVIDED	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Average	Maximum	Average	Maximum
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

(Attach additional sheets if need)

5. Shifts and Employees: No. of Shifts: _____ No. of Employees_____

Shift Hours & Employees Per Shift:

_____

_____

_____

SECTION C: WATER SUPPLY

1. Water Sources (indicate all that apply):____ Private Well _____ Surface Water

___Municipal Water Utility (Specify City): _____

___Other (Specify): _____

2. Name on the facility's water bill: _____

3. Street: _____ City: _____

State: _____ Zip: _____

4. Water service account number(s):_____

5. List average water usage on premises (new facilities may estimate):

Average Water Usage (GPD)

Type	Estimated (E)	Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler Feed/blow-down	_____	_____
d. Process	_____	_____
e. Sanitary (20 gal/person)	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other: _____	_____	_____
k. TOTAL of a-j	_____	_____

SECTION D: SEWER INFORMATION

1. a. For an existing business:
Is the building presently connected to the public sanitary sewer system?
___Yes: Sanitary sewer account number _____
___No: Have you applied for a sanitary sewer hookup? ___Yes ___No

b. For a new business:
Will you be occupying an existing vacant building (such as in an industrial park)?
___Yes ___No

Have you applied for a building permit if a new facility will be constructed?_____
___Yes ___ No ___N/A
Will you be connected to the public sanitary sewer system? __ Yes __ No

2. List size, descriptive location and flow of each wastewater line connected to the City's sewer system (if more than four, attach additional information on another sheet):

Line Size (in inches)	Location of Sewer Connection or Discharge Point	Flow (GPD)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E: WASTEWATER DISCHARGE INFORMATION

***Note**: New facilities may estimate flows in this section.*

1. Does (or will) this facility discharge any wastewater other than domestic wastes (from restrooms) to the City sewer?
___Yes
___No

If yes, are they combined discharges? ___Yes ___No
Note: An indication that "Yes combined wastesreams are present" could require a combined wastestream formula (CWF) at the facility.

2. Provide the following information on wastewater flow rate:
   a. Hours/day discharge occurs:

      M _____ T _____ W _____ T _____ F _____

      Sat _____ Sun _____

   b. Hours of discharge (example: 9 am - 5 p.m.):

      M _____ T _____ W _____ T _____ F _____

      Sat _____ Sun _____

   c. Peak hourly flow rate (gallons/hour): _____

      Maximum daily flow rate (gallons/day): _____

   d. Annual daily average (gallons/day): _____

3. If batch discharge occurs or will occur, indicate: _____

   a. Number of batch discharges per day: _____

   b. Average volume of batch (gallons): _____

   c. Expected time(s) of discharge: _____

   d. Flow rate (gallons/minute): _____

   e. Percent of total industrial discharge: _____

4. Schematic Flow Diagram- Provide a flow chart of all industrial processes conducted in the facility. Show the pathways of all materials, products, wastes and wastewater from the start of the activities to their completion. Include the average daily volume and maximum daily volume of each wastestream. If estimates are used for flow data, this must be indicated. Number each process having wastewater discharges to the city sewer. Use these numbers in the building layout in Section H. This drawing should be certified by a qualified authorized representative.

   Note: *Facilities that checked activities in question 1 of Section B may be considered Categorical Industrial Users and should skip to question 6.*

5. For **Non-Categorical Users** only: Provide the wastewater discharge flows and type of discharge (batch, continuous, or both) for each plant process. Include a flow chart that corresponds to each process.

Process Description	Average Flow (GPD)	_____ Maximum_____ Flow (GPD)	Type of Discharge

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ANSWER QUESTIONS 6 AND 7 ONLY IF YOU MAY BE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For **Categorical Users**: Provide the wastewater discharge flows and type (continuous, batch or both) for each process. Include a flow chart that corresponds to each process.

Categorical Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge

Non-Categorical Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge

7. For **Categorical Users** subject to Total Toxic Organic (TTO) requirements, see page 12, Section F (numbers 1 - 110 for TTO parameters), please provide the following information:
   a. Does (or will) this facility use any of the toxic organics that are listed under the categorical pretreatment standards published by the EPA?
   ___Yes ___No

   b. Has a report been submitted (such as a Baseline Monitoring Report) that indicates TTO concentrations present in the water?
   ___Yes ___No

   c. Has a Toxic Organic Management Plan (TOMP) been developed?
   ___Yes ___No If yes, submit a copy along with this application.

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8. Do you have, or plan to have a continuous wastewater flow metering equipment at this facility?

Current: Flow Metering Equipment __ Yes __ No

Planned: Flow Metering Equipment __ Yes __ No

Please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

_____

_____

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

___Yes ___No

If yes, briefly describe these changes: _____

_____

_____

_____

10. Are any materials or water reclamation systems in use or planned?

___Yes ___No___

If yes, briefly describe recovery processes, substances recovered, percent recovery, and the concentration in the spent solutions. Indicate on the process flow chart:

_____

_____

11. Do you have a written Pollution Prevention Plan (P2 Plan)? ___Yes ___No
If yes, submit a copy with this form.

12. Are you submitting required Best Management Practices (BMPs), including a TOMP, other management plan and/or pollution prevention alternatives, as applicable with this permit application? ___Yes ___No
If yes, please provide which ones and where they can be found: _____

If no, when do you plan on having these items into Pretreatment and Laboratory Services?

13. Are any steps currently or planned for addressing waste minimization? ___Yes ___No

If yes, please describe: _____

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SECTION F: CHARACTERISTICS OF DISCHARGE

The tables in this section are for determining what pollutants are associated with your facility's wastewater. If you currently hold a permit and are renewing it with this application, provide the requested information on all parameters for which monitoring has been performed in the past three years. For all other pollutants, indicate whether they are known to be present (P), suspected to be present (S), or known to be absent (A). DO NOT LEAVE BLANKS!

If you are applying for a permit for the first time, indicate P, S, or A (see above) in the following tables.

In lieu of monitoring for Total Toxic Organics (TTOs) the following certification statement can be completed.

Total Toxic Organics (TTO's), 40 CFR Part 122, Table II
(Includes Volatiles, Base Neutrals, Acid Extractibles, and Pesticides)

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	No. of Analyses	P; S; A
Volatiles							
1. Acrolein							
2. Acrylonitrile							
3. Benzene							
4. Bromoform							
5. Carbon tetrachloride							
6. Chlorobenzene							
7. Chlorodibromomethane							
8. Chloroethane							
9. 2-chloroethylvinyl ether							
10. Chloroform							
11. Dichlorobromomethane							
12. 1,1-dichloroethane							
13. 1,2-dichloroethane							
14. 1,1-dichloroethylene							
15. 1,2-dichloropropane							
16. 1,3-dichloropropylene							
17. Ethylbenzene							
18. Methyl bromide							
19. Methyl chloride							
20. Methylene chloride							
21. 1,1,2,2-tetrachlorethane							
22. Tetrachloroethylene							
23. Toluene							

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	No. of Analyses	P; S; A
24. 1,2-trans-dichloroethylene							
25. 1,1,1-trichloroethane							
26. 1,1,2-trichloroethane							
27. Trichloroethylene							
28. Vinyl chloride							
Acid Extractibles							
29. 2-chlorophenol							
30. 2,4-dichlorophenol							
31. 2,4-dimethylphenol							
32. 4,6-dinitro-o-cresol							
33. 2,4-dinitrophenol							
34. 2-nitrophenolane							
35. 4-nitrophenolane							
36. p-chloro-m-cresol							
37. Pentachlorophenol							
38. Phenol							
39. 2,4,6-trichlorophenol							
Base Neutrals							
40. Acenaphthene							
41. Acenaphthylene							
42. Anthracene							
43. Benzidine							
44. Benzo (a) anthracene							
45. Benzo (a) pyrene							
46. 3,4-benzofluoranthene							
47. Benzo (ghi) perylene							
48. Benzo (k) fluoranthene							
49. Bis (2-chloroethoxy) methane							
50. Bis (2-chloroethyl) ether							
51. Bis (2-chloroisopropyl) ether							
52. Bis (2-ethylhexyl) phthalate							
53. 4-bromophenyl phenyl ether							
54. Butlbenzyl phthalate							
55. 2-chloronaphthalene							
56. 4-chlorophenyl phenyl ether							
57. Chrysene							
58. Dibenzo (a,h) anthracene							
59. 1,2-dichlorobenzene							
60. 1,3-dichlorobenzene							
61. 1,4-dichlorobenzene							
62. 3,3-dichlorobenzidine							

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	No. of Analyses	P; S; A
63. Diethyl phthalate							
64. Dimethyl phthalate							
65. Di-n-butyl phthalate							
66. 2,4-dinitrotoluene							
67. 2,6-dinitrotoluene							
68. Di-n-octyl phthalate							
69. 1,2-diphenylhydrazine							
70. Fluororanthene							
71. Fluorene							
72. Hexachlorobenzene							
73. Hexachlorobutadiene							
74. Hexachlorocyclopentadiene							
75. Hexachloroethane							
76. Indeno (1,2,3-cd) pyrene							
77. Isophorone							
78. Napthalene							
79. Nitrobenzene							
80. N-nitrosodimethylamine							
81. N-nitrosodi-n-propylamine							
82. N-nitrosodiphenylamine							
83. Phenanthrene							
84. Pyrene							
85. 1,2,4-trichlorobenzene							
Pesticides							
86. Aldrin							
87. Alpha-BHC							
88. Beta-BHC							
89. Gamma-BHC							
90. Delta-BHC							
91. Chlordane							
92. 4,4'-DDT							
93. 4,4'-DDE							
94. 4,4'-DDD							
95. Dieldrin							
96. Alpha-endosulfan							
97. Beta-endosulfan							
98. Endosulfan sulfate							
99. Endrin							
100. Endrin aldehyde							
101. Heptachlor							
102. Heptachlor epoxide							

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	No. of Analyses	P; S; A
103. PCB-1242							
104. PCB-1254							
105. PCB-1221							
106. PCB-1232							
107. PCB-1248							
108. PCB-1260							
109. PCB-1016							
110. Toxaphene							

40 CFR Part 122, Appendix D, Table III

(metals, cyanide and total phenols)

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
1. Antimony, Total							
2. Arsenic, Total							
3. Barium, Total							
4. Beryllium, Total							
5. Cadmium, Total							
6. Chromium, Total							
7. Copper, Total							
8. Cyanide, Total							
9. Lead, Total							
10. Mercury, Total							
11. Nickel, Total							
12. Selenium, Total							
13. Silver, Total							
14. Thallium, Total							
15. Zinc, Total							
16. Phenols, Total							
17. Nitrite N							
18. Organic N							
19. Orthophosphate P							
20. Phosphorus							
21. Sodium							
22. Specific Conductance							
23. Sulfate							
24. Sulfide							
25. Sulfite							

Other Pollutants of Concern

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
1. Asbestos							
2. Diazinon							
3. Molybdenum, Total							
4. 2,3,7,8-tetrachlorodibenzo-p_____ dioxin (TCDD)							

TTO CERTIFICATION

Based on my inquiry of the person and persons directly responsible for managing compliance with the pretreatment standard for total toxic organics, I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred.

_____ _____

Name of Authorized Representative Title

_____ _____

Signature of Authorized Representative Date

SECTION G: TREATMENT

1. Is any form of wastewater treatment practiced at this facility?

___Yes ___No

If yes, indicate which is used:

___ Air flotation
___ Centrifuge
___ Chemical precipitation
___ Chlorination
___ Cyclone
___ Filtration
___ Flow equalization
___ Grease or oil separation, type: _____
___ Grease trap
___ Grit removal
___ Ion exchange
___ Neutralization, pH adjustment
___ Ozonation
___ Reverse osmosis
___ Screen

___ Sedimentation
___ Septic tank
___ Solvent separation
___ Spill protection
___ Sump
___ Biological treatment, type: _____
___ Rainwater diversion or storage
___ Other chemical treatment, type: _____
___ Other physical treatment, type: _____
___ Other, type: _____

2. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. Attach additional sheets if needed.

_____

_____

_____

_____

_____

_____

3. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Include estimated completion dates.

_____

_____

_____

_____

_____

4. Do you have manual on the correct operation of your treatment equipment?
___Yes ___No

5. Do you have a written maintenance schedule for your treatment equipment?
___Yes ___No

SECTION H: FACILITY OPERATIONAL CHARACTERISTICS

1. Shift information:

Work Days	Shift	___ Monday	___ Tuesday	___ Wednesday	___ Thursday	___ Friday	___Saturday	___ Sunday
No. of Employee per Shift	1st							
	2nd							
	3rd							

2. Indicate whether the business activity is:

___Continuous through the year, or

___Seasonal- explain: _____

3. Indicate whether the facility discharge is:

___Continuous through the year, or

___Seasonal- explain: _____

4. Do your industrial processes shut down for vacation, maintenance or other reason?

___Yes ___No. If yes, explain: _____

_____

_____

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach sheets if necessary):

_____

_____

_____

_____

6. List types and quantities of chemicals used or planned for use (attach sheets if necessary). Include copies of Manufacturer's Material Safety Data Sheets (MSDS) for ALL chemicals identified:

Chemical	Quantity/Unit of Time

7. Building Layout- Attach a schematic drawing (or map) of the location of each building on the premises. Show orientation and location of all water meters, storm drains, numbered processes (from the flow chart), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A blueprint of the facilities showing the above items may be attached in lieu of a newly developed drawing.

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SECTION I: SLUG AND SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

___Yes ___No

If yes, please give a description of their location, contents, size, type and cleaning frequency and method. Also, indicate the proximity of these containers to a sewer or storm drain (this may be done in a drawing). Indicate if buried metal containers have cathodic protection.

___

___

___

___

___

___

___

2. Do you have floor drains in your manufacturing or chemical storage areas?

___Yes ___No

If yes, to where do they drain? _____

_____

3. Could an accidental spill of chemicals storage containers, bins or ponds result in a discharge to any of the following areas (check all that apply)?

___ Onsite disposal system
___ Public sanitary sewer system (for example, through a floor drain)
___ Storm drain
___ Ground
___ Other (specify):_____
___ Not applicable; no possible discharge to any of the above routes

4. Do you have a written Slug Control Plan or a Spill Prevention Plan to prevent chemical spills or slug discharges from entering the Control Authority's collection system (the sanitary sewer)?

___Yes ___No ___Not applicable, since there are no floor drains and/or the facility discharges only domestic wastes.

If yes, please submit a copy along with this application.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

___

___

___

___

___

___

SECTION J: NONDISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

___Yes ___No (if no, skip the remainder of this section)

If yes, please describe:___

___

___

___

___

Waste Generated	Quantity (per year)	Disposal Method
___	___	___
___	___	___

_____ _____ _____

_____ _____ _____

_____ _____ _____

2. Are any of these wastes removed by a disposal company?

___Yes ___No. If yes, complete the following (attach sheet if necessary):

Waste	Disposal Company	Address & Permit No.

3. Are any of the wastes that are removed from the facility hazardous?

___Yes ___No If yes, please list them and provide a description of their storage area (attach additional sheets if necessary):

_____

_____

_____

_____

_____

_____

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4. Have you been issued any local, state or federal environmental permits?

___Yes ___No If yes, please list them:

_____

_____

_____

_____

_____

_____

_____

_____

5. Are all applicable local, state and federal pretreatment standards and requirements being met on a consistent basis?

___Yes ___ No ___Not applicable, since there is no discharge.

If no:

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practices being considered in order to bring the facility into compliance.

_____

_____

_____

_____

_____

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b. Provide a schedule for bringing the facility in compliance. Specify major events planned along with reasonable completion dates.

Milestone Activity	Completion Date

***Note**: If the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.*

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SECTION K: AUTHORIZED SIGNATURES

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, and the Chapter 49 of the Dallas City Code, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. A business confidentiality claim may be asserted for other data and information by placing on (or attaching to) the information a cover sheet, stamped or typed legend or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential." Confidential portions of otherwise non-confidential documents should be clearly identified by the business, and may be submitted separately to facilitate identification, handling and storage in a separate restricted access file by the Authority. If the business desires confidential treatment only until a certain data or until the occurrence of a certain event, the notice shall so state.

Authorized Representative Statement:

I, the undersigned applicant, being an authorized representative of the herein named company, do hereby request a Permit to establish a discharge of or to continue to discharge industrial waste at the location indicated herein and do agree to comply with the Chapter 49 Section 49-43 of the Dallas City Code, and all their amendments.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name	Title
Signature	Date
Phone number	Cell number
E-mail Address	