

Written Authorization Form RCSA section 22a-174-2a(a)(2)(B)

Received Date:
Premises No.: Route Original to the Engineering Section

This form is to be used by **only those Title V corporations** identified in RCSA section 22a-174-2a(a)(2) which are required to obtain approval of a duly authorized representative by the commissioner in accordance with RCSA section 22a-174-2a(a)(2)(B). Please complete this form in accordance with the instructions (DEEP-TV-SIG-INST-002) to ensure proper handling of your submission. *All other entities are not required to submit this form.*

For corporations seeking initial approval of a duly authorized representative, this completed form must be submitted to the commissioner and approved prior to submitting any signed documents or other information pertaining to Title V required by RCSA section 22a-174-33. Subsequent duly authorized representative approval requests shall be submitted to the commissioner prior to or together with the submission of any application, document, report or certification signed by such representative.

Part I: Site Information

Name of Site or Facility:			
Location of Site or Facility:			
Street Address:			
City/Town:	State:	Zip Code:	
Title V Permit No.: -TV	Expiration Date:		

Part II: Company Information

Company Name:				
Mailing Address:				
City/Town:		State:	Zip Code:	
Business Phone:		ext.:		
Contact Person:		Title:		
Phone:	ext.			
*E-mail:				
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.				

Part III: Authorized Individual or Position

1.	This written authorization applies to the following duly authorized representative:				
	☐ Named Individual:				
	☐ Named Position:				
2.	Name, if applicable:				
	Position:				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Business Phone:	ext.:			
	*Email:				
		<i>m</i> · 1			
	*By providing this e-mail address you are agreeing to receiv at this electronic address, concerning the subject application settings to be sure you can receive e-mails from "ct.gov" add your e-mail address changes.	n. Please remen	nber to check your security		
3.	Effective Date of Authorization:				
4.	This duly authorized representative:				
	[All requirements below must be applicable to the duly author of such by checking each box below.]	orized represent	ative. Provide positive affirmation		
	☐ Is authorized to execute legally binding documents on behalf of such corporation; [RCSA §22a-174-2a(a)(1)(B)]				
	☐ Is responsible for the overall operation of one or more m subject to RCSA section 22a-174-33; [RCSA §22a-174-		roduction or operating facilities		
	Has been given delegation of authority in writing by an ocorporate procedures. [RCSA §22a-174-2a(a)(2)(B)] Su				
5.	Is this submittal to replace a previously designated individua	al or position?	☐ Yes ☐ No		
	If yes, list the name(s) of the previously designated individua	al(s) or position(s) to be replaced:		
			,		
_					
6.	Is this submittal to add to a previously designated individual	or position?			
	☐ Yes ☐ No				
	If yes, list the name(s) of the previously designated individual	al(s) or position(s):		
<u> </u>					

☐ Check if indicating more than one authorized individual or position at this time. If so, complete this Part for each such individual or position and attach additional sheet(s) with the required information as requested above.

Part IV: Supporting Documents					
Attachment A:	nent A: Copy of written delegation of authority by an officer of the corporation in accordance with corporate procedures. REQUIRED				
Attachment B:	t B: Organizational chart showing the relationship between the duly authorized representative, the delegating officer, and the Title V source. REQUIRED				
Part V: Certifica	tion				
An officer of the corposignature is provided.		form will be considered incomplete unless such			
"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.					
I understand that a false statement in the submitted information may be punishable as a criminal offense, under Section 22a-175 of the General Statutes, under Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.					
I certify by my signature that the document being submitted herewith complies with Section 22a-174-2a(a) of the Regulations of Connecticut State Agencies.					
I certify that this for	m is as prescribed by the commissione	er without alteration of the text."			
Signature of Corpo	rate Officer	Date			
Name of Corporate	Officer (print or type)	Title			
<u> </u>	m to: BUREAU OF AIR MANAGEME ENGINEERING SECTION				
There is no fee requ	ired.				
Commissioner App	DEEP USE	ONLY			
The above written authorization submittal naming an individual or position as a duly authorized representative for the purposes of compliance with RCSA section 22a-174-2a(a)(2)(B) has been: Approved Rejected					

Commissioner or Commissioner's Designee

Date Copy of Approval/Rejection Sent to Title V Source:

Date