

Signature

Date

2940 Limited Lane NW Olympia, WA 98512 360-539-7610 info@orcaa.org www.orcaa.org

Responsible Official/ Duly Authorized Representative

Identification Form - Corporations

Rev. 3/14/23

Submit this form to ORCAA to identify the Responsible Official and/or the Duly Authorized Representative in accordance with Washington Administrative Code (WAC) 173-401-200-and 520.

NOTE: This form must be completed and signed by an officer of the corporation as detailed in Section C.

Corporation Name							
Facility Name					Title V Air Operating Permit No.		
Site Address	City				State	Zip	
SECTION B. Responsible Of	ficial Action						
9 1			Effectiv	Effective date:			
☐ Add a responsible official.							
SECTION C. Officer of the C	orporation						
I am (choose one):							
☐ a president, secretary, t	reasurer, or v	vice-president	of the c	orporation in c	harge of	a principal busine	
function.							
a person who performs	similar policy	or decision-n	naking fu	inctions for the	e corpora	tion.	
Explain:							
Name				Office			
Email:				Phone #:			
SECTION D. Delegation of D	Ouly Authoriz	ed Represent	ative (O	PTIONAL)			
n completing this section, I	authorize th	e person iden	tified bel	ow to act in m	y stead. I	certify that this	
ndividual is responsible for	the overall o	peration of th	e facility	; <u>and</u> :			
\beth the facility employs more	•						
☐ the facility has gross ann		•	_				
☐ I request ORCAA approve	e this delegat	ion. I understa	and this	delegation is w	ill not be	in effect until	
approved.				Docition or Title			
Name				Position or Title			
Email:				Phone #:			
Email:				Phone #:			
				Phone #:			
SECTION E – Signature:							
	n and statem	ents in this fo	orm are t		and com	plete to the best	