



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
UIC/ME
SIGNATORY AUTHORIZATION FORM

FOR
AGENCY
USE
ONLY

APPLICATION NUMBER		
NE		
DATE RECEIVED		
YEAR	MO.	DAY

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Facility Name:

COGNIZANT OFFICIAL

I am responsible for the authorization, signing reapplications, signing DMRs or designating someone to sign DMRs (Authorized Representative) and signing any other correspondence. Refer to Title 122, Chapter 15 for further explanation.

Cognizant Official:

Title:

Mailing Address:

Telephone Number: City/Zip

Signature:

Date:

By signing below, I authorize the following individual or person as the authorized representative.

Cognizant Official Signature:

AUTHORIZED REPRESENTATIVE

Representative:

Title:

Mailing Address:

Telephone Number: City/Zip

Signature:

Date:

Return Completed Form to: Nebraska Department of Environmental Quality
Ground Water Unit/UIC Program
P.O. Box 98922
Lincoln, Nebraska 68509-8922