



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION  
 P.O. BOX 19506  
 SPRINGFIELD, ILLINOIS 62794-9506

**FOR APPLICANT'S USE**

Revision #: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_  
 Source Designation: \_\_\_\_\_

<b>DELEGATION OF AUTHORITY          FOR RESPONSIBLE OFFICIAL          TO A REPRESENTATIVE</b>	<b>FOR AGENCY USE ONLY</b>
	ID NUMBER: _____
	PERMIT #: _____
DATE: _____	

THIS FORM SHALL BE USED BY A RESPONSIBLE OFFICIAL TO DELEGATE AUTHORITY TO A REPRESENTATIVE OF SUCH PERSON FOR SIGNATURE ON APPLICATIONS OR CERTIFICATION OF REPORTS TO BE SUBMITTED PURSUANT TO THE CLEAN AIR ACT.

THIS FORM SHALL ONLY BE USED FOR A CORPORATION AT WHICH A PRESIDENT, SECRETARY, TREASURER, OR VICE-PRESIDENT OF THE CORPORATION IN CHARGE OF BUSINESS FUNCTION, OR ANY OTHER PERSON WHO PERFORMS SIMILAR POLICY OR DECISION MAKING FUNCTIONS FOR THE CORPORATION TO TRANSFER THE AUTHORITY AS A RESPONSIBLE OFFICIAL TO A REPRESENTATIVE OF SUCH PERSON. THE REPRESENTATIVE OF SUCH PERSON MUST BE RESPONSIBLE FOR THE OVERALL OPERATION OF ONE OR MORE MANUFACTURING, PRODUCTION, OR OPERATING FACILITIES APPLYING FOR OR SUBJECT TO A PERMIT.

NOTE: THIS TRANSFER OF DELEGATION OF AUTHORITY IS APPLICABLE ONLY IF THE FACILITY EMPLOYS MORE THAN 250 PERSONS OR HAS A GROSS ANNUAL SALES OR EXPENDITURES EXCEEDING \$25 MILLION (IN SECOND QUARTER 1980 DOLLARS).

<b>SOURCE INFORMATION</b>	
1) SOURCE NAME: _____	
2) DATE FORM PREPARED: _____	3) SOURCE ID NO. (IF KNOWN): _____

<b>TRANSFER OF AUTHORITY</b>	
4) I, THE UNDERSIGNED, BEING A PRESIDENT, SECRETARY, TREASURER, OR VICE-PRESIDENT OF THE CORPORATION IN CHARGE OF BUSINESS FUNCTION, OR OTHER PERSON WHO PERFORMS SIMILAR POLICY OR DECISION MAKING FUNCTIONS FOR THE CORPORATION, HEREBY TRANSFER THE AUTHORITY AS A RESPONSIBLE OFFICIAL TO _____, THEY BEING A REPRESENTATIVE AND RESPONSIBLE FOR THE OVERALL OPERATION OF ONE OR MORE MANUFACTURING, PRODUCTION, OR OPERATING FACILITIES APPLYING FOR OR SUBJECT TO A PERMIT.	
_____ AUTHORIZED SIGNATURE	_____ TITLE OF SIGNATORY
_____ TYPED OR PRINTED NAME OF SIGNATORY	_____/_____/_____ DATE
_____ DELEGATED REPRESENTATIVE	_____ TITLE OF DESIGNATED REPRESENTATIVE

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

**APPLICATION PAGE** \_\_\_\_\_

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