

**Form OP-DEL**  
**Delegation of Responsible Official Information**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

<b>I. Identifying Information</b>
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Company Name:
<b>II. Duly Authorized Representative Information</b>
Action Type: <input type="checkbox"/> New DAR Identification <input type="checkbox"/> Administrative Information Change
Conventional Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Name (Driver License/STEERS):
Title:
Delegation Effective Date:
Telephone Number:
Fax Number:
Company Name:
Mailing Address:
City:
State:
ZIP Code:
Email Address:

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**III. Certification of Truth, Accuracy, and Completeness**

I, \_\_\_\_\_  
(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)

Certify that, based on information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. (RO signature required for New DAR Identification only; DAR signature required for any Action Type)

Responsible Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Duly Authorized Representative Signature: \_\_\_\_\_

(Name(s) printed or typed) \_\_\_\_\_

Date: \_\_\_\_\_

**IV. Removal of Duly Authorized Representative(s)**

The following should be removed as Duly Authorized Representative(s):

\_\_\_\_\_  
(Name(s) printed or typed)

Effective Date: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_