



Susquehanna River Basin Commission

a water management agency serving the Susquehanna River Watershed

PROJECT INFORMATION

1. Project Owner's Name, Registered Fictitious Name or Trade Name* _____

Address _____

City _____ State _____ Zip _____

Type of Organization (Owner):

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |

Authorized Contact Person _____ Title _____

Address (if different) _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

2. Project Operator's Name or Registered Fictitious or Trade Name* (if different from No. 1) _____

Address _____

City _____ State _____ Zip _____

Type of Organization (Operator):

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |

3. Authorized Contact Person _____ Title _____

Address (if different) _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

4. Parent Corporation Name, and Registered Fictitious or Trade Name* (if different from No. 1): (Use additional sheets, if necessary, to describe the corporate hierarchy.) _____

Corporate Registration: Entity No. _____ State _____

Address (if different) _____

City _____ State _____ Zip _____

* Please attach a copy of your Department of State, Division of Corporations, State Records and UCC (New York), Division of Corporations (Pennsylvania), or Department of Assessments and Taxation (Maryland) **approved** name registration or trade name registration.

5. All Proprietors, Corporate Officers and Directors, or Partners: (add as many lines as needed)

Name	Title	Address	Telephone	Fax	E-mail
	President				
	Vice President				
	Vice President				
	Secretary				

6. Corporate Contact:

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

7. Project Hydrogeologist:

Name _____ Title _____

Company _____

Address _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

P.G. License No. _____ State _____ Expiration Date _____

8. Project Engineer:

Name _____ Title _____

Company _____

Address _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

P.E. License No. _____ State _____ Expiration Date _____

9. Representing Attorney, if applicable:

Name _____

Firm _____

Address _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

10. Name(s) and Signature(s) of Preparer and Project Owner:

The undersigned representatives of the project sponsor certify, under penalty of law (or perjury), as provided by 18 Pa. C.S.A. §4904; Section 210.45, of the New York Penal Law; Section 9-101 Maryland Crimes Code and 28 U.S.C. §1746, attest that the information for all parts contained herein and all information accompanying this application(s) is true and correct, and that they are authorized to act as representatives on behalf of their respective corporate entities.

Preparer Name _____ Date _____

Signature _____

Title _____

Company _____

Preparer Name _____ Date _____

Signature _____

Title _____

Company _____

Project Owner Name _____ Date _____

Signature _____

Title _____

Company _____

(P.G. Seal)

(P.E. Seal)

Notes:

1. Mark any information on the application that is considered confidential or proprietary.
2. Items 1 through 6 and 10 are required, and items 7 through 9 are project specific.