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):**
   - [ ] Sole Proprietorship
   - [ ] Corporation
   - [ ] General Partnership
   - [ ] Limited Partnership
   - [ ] 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):**
   - [ ] Sole Proprietorship
   - [ ] Corporation
   - [ ] General Partnership
   - [ ] Limited Partnership
   - [ ] Other ____________________________

   **Authorized Contact Person** ____________________________ **Title** ____________________________

   Address (if different) __________________________________________

   City ____________________________ State _____ Zip ____________

   **Telephone** (____) ____________ **Fax** (____) ____________ **E-Mail** ____________________________

3. **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 ____________

   **Telephone** (____) ____________ **Fax** (____) ____________ **E-Mail** ____________________________

* 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>E-mail</th>
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</thead>
<tbody>
<tr>
<td>President</td>
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<td>Vice President</td>
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<td>Secretary</td>
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</tbody>
</table>

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.