

DRAINLAYER/PERMITTEE ACKNOWLEDGEMENT OF  
AUTHORIZATION AND RESPONSIBILITIES

The following individual(s) are employed by \_\_\_\_\_  
(Name of Firm)

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Fax No) \_\_\_\_\_ (Phone No.) \_\_\_\_\_

And are hereby authorized to obtain sewer permits to be issued under my drainlayer's license or general liability certificate as the Permittee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the time of any change in employment status of these individuals, I understand that it is my duty to notify The Metropolitan St. Louis Sewer District of this change and to execute a new acknowledgement of authorization form.

I hereby certify and acknowledge that all work to be done pursuant to all permits issued under my drainlayer's license or general liability insurance certificate as the Permittee by The Metropolitan St. Louis Sewer District will be performed under my direct supervision and in accordance with local jurisdictional codes and applicable District ordinances, as the Master Drainlayer, and that my failure to personally and properly supervise the work will result in a one (1) year suspension of my ability to obtain permits from The Metropolitan St. Louis Sewer District.

By: \_\_\_\_\_  
\_\_\_\_\_  
(Please Print Name)

Drainlayer License Number (City of St. Louis)\*: \_\_\_\_\_ (drainlayer only)

Drainlayer License Number (St. Louis County)\*: \_\_\_\_\_ (drainlayer only)

\*Attach legible copy of license to document.

STATE OF MISSOURI     )  
  )  
  )     SS.  
\_\_\_\_\_ of St. Louis     )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year first above written.

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public