

**7.2.17 Certification of the CWB SWPPP**

The certifying person and duly authorized representative shall meet the requirements of Hawaii Administrative Rules 11-55, Appendix A, Section 15.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature:  Date: 11.23.16

Person Name: Ford N. Fuchigami

Person Position Title: Director of Transportation

Person Company or Agency: Department of Transportation

Department: Department of Transportation

Division: Department of Transportation, Highways Division

Phone Number: (808) 587-2150 Fax No.: (808) 587-2167

Person Email: ford.n.fuchigami@hawaii.gov