7. Certification - Alteration of this item will result in the invalidation of this CWB-NOI Form submittal. The person certifying this CWB-NOI Form must meet one of the following descriptions and be employed by the owner or be an administrator of the sole proprietorship, trust, or LLC listed in Item 1.

| <b>(•</b>  | I certify that for a state agency, I am a principal executive officer or ranking elected official.   |  |  |  |
|------------|--|--|--|--|
| <br>$\cap$ | I certify that for a municipal agency, I am a principal executive officer or ranking elected official.   |  |  |  |
|            | I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.  |  |  |  |
| (          | I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.   |  |  |  |
| <br>(      | I certify that I am a general partner for a partnership.   |  |  |  |
|            | I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.   |  |  |  |
| <br>       | I certify that I am the proprietor for a sole proprietorship.  |  |  |  |
| (          | I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures. |  |  |  |
| C          | I certify that for a trust, I am a trustee.  |  |  |  |
| C          | I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.  |  |  |  |
|            |  |  |  |  |

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 /  | nin   | mydhun                     | Date Signed AUG 0 8 2012 |                                     |  |  |  |
|--|---|----------------------------|--------------------------|-------------------------------------|--|--|--|
| Certifying Person First Na   | ime   | Glenn M.                   | Certifying Person        | Certifying Person Last Name Okimoto |  |  |  |
| Certifying Person Position   | n Title   | Director of Transportation | rtation                  |                                     |  |  |  |
| Certifying Person's Company or Agency Department of Transportation |   |                            |                          |                                     |  |  |  |
| Certifying Department Department of Transportation                 |   |                            |                          |                                     |  |  |  |
| Certifying Division  | Department of Transportation, Highways Division |                            |                          |                                     |  |  |  |
| Certifying Phone No  | (808) 587-2150                                  |                            | Certifying Fax No        | (808) 587-2167                      |  |  |  |
| Certifying Person Email  | glenn.okimoto@hawaii.gov                        |                            | _                        |                                     |  |  |  |

For facilities/projects on all islands, submit one (1) set of the following to the CWB:

- 1. Transmittal or cover letter (hard copy).
- 2. Original Certification signature (hard copy of CWB NOI General Form page 4 only).
- 3. CD or DVD containing:
  - a. Certified and complete CWB NOI General Form (in pdf format);
  - b. Applicable discharge CWB NOI Form (e.g., Certified and complete CWB SSCBMP Plan Template) in pdf format; and,
  - c. Supporting documents (in pdf format).
- 4. \$500 Filing Fee

**Print Form** 

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