

**ATTACHMENT B – NOTICE OF INTENT FORM**

This Notice of Intent form shall be completed and submitted to apply for Authorization to Discharge under NPDES Permit No. CAG992001 (Fireworks General Permit) to waters of the United States.

**I. DISCHARGER INFORMATION AND CERTIFICATION**

This certification shall be signed in accordance with Attachment D section V.B.2. The Discharger hereby agrees to comply with and be responsible for all conditions specified in the Fireworks General Permit.

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:
Printed Name:	
Title:	
Discharger Type (Check One) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other, specify type:	New or Previously Authorized Discharger (Check One) <input type="checkbox"/> New <input type="checkbox"/> Previously Authorized
Discharger Name:	
Mailing Address:	
Duly Authorized Representative (DAR): The following individual (or any individual occupying the position listed below) may act as the Discharger’s duly authorized representative and may sign and certify submittals in accordance with Attachment D section V.B.3. The individual shall be responsible for the overall operation of the regulated facility or activity or an individual position having overall responsibility for environmental matters for the Discharger.	
DAR Name and Title:	
DAR Email:	
DAR Phone Number:	

Check here if additional Discharger information is attached to this form.

**II. BILLING INFORMATION**

<input type="checkbox"/> Check this box if same as Section I (otherwise, complete this section).
Discharger Name:
Mailing Address:
Billing Contact Name and Title:
Billing Contact Email:
Billing Contact Phone Number:

**III. DISCHARGE INFORMATION**

Receiving Water:
Discharge Frequency: <input type="checkbox"/> Once <input type="checkbox"/> Annual <input type="checkbox"/> Other (please describe):

Check here if information for additional discharge locations is attached to this form.

**IV. BEST MANAGEMENT PRACTICES PLAN**

Attach a Best Management Practices Plan (BMPs Plan) as described in Provision VI.C of this Order.

**V. APPLICATION FEES AND MAILING INSTRUCTIONS**

Submit check payable to “State Water Resources Control Board” for appropriate application fee to this address:

San Francisco Bay Regional Water Quality Control Board  
 Attn: NPDES Wastewater Division  
 1515 Clay Street, Suite 1400  
 Oakland, CA 94612

For current fees for general NPDES permit category 3, see Water Code section 2200(b)(9) or visit [www.waterboards.ca.gov/resources/fees](http://www.waterboards.ca.gov/resources/fees).

Submit this form (with signature and attachments) via email or as otherwise indicated on the Regional Water Board’s website:

[www.waterboards.ca.gov/sanfranciscobay/water\\_issues/programs/general\\_permits.html](http://www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.html).