



General Permit Registration Form for the Discharge of Swimming Pool Wastewater Contractor Registration Form



Please complete this form in accordance with the general permit (DEP-WD-GP-005) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> registration</p> <p><input type="checkbox"/> A replacement of an existing individual permit or registration</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration</p>	<p>Please identify any previous or existing permit/authorization/registration number, which authorizes the subject discharge in the space provided.</p> <p>Existing permit/authorization/registration number:</p>
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Part II: Fee Information

A fee of \$500.00 is to be submitted with *each* registration that you are submitting. The registration will not be processed without the fee.

Part III: Registrant Information

1. List registrant(s) information:

Registrant: _____ E-mail Address: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext.: _____ Fax: _____

Contact Person: _____ Phone: _____ ext. _____

Registrant (check one): individual company federal gov't state agency municipality

If a Company, list company type (e.g., corporation, limited partnership, etc.): _____

Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

2. List primary contact for departmental correspondence and inquiries, if different than the registrant.

Name: _____ E-mail Address: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Contact Person: _____ Title: _____

Part III: Registrant Information (continued)

3. List Limited Spa and Pool Contractor (**SP-1**) name and license number issued by the Connecticut Department of Consumer Protection of the directly and regularly employed contractor of record responsible for all swimming pool maintenance and repair work (as defined by section 20-417aa of the General Statutes) undertaken by the registering contractor identified in Part III.1 of this registration.

Name:

SP-1 License Number:

Part IV: Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute. I certify that this general permit application is on complete and accurate forms as prescribed by the commissioner without alteration of their text.

I also certify under penalty of law that I have read and understand all conditions of the *General Permit for the Discharge of Swimming Pool Wastewater*, and that whenever I initiate a swimming pool wastewater discharge I will abide by all terms and conditions of this general permit at all sites. I also certify that I have trained each of my employees in the requirements of the *General Permit for the Discharge of Swimming Pool Wastewater*.”

Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required.
If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127