** SWPPP Modification And/Or Corrective Action Report(s)** ITD 2957 (Rev. 04-13)

**Signature and Certification** itd.idaho.gov

Idaho Transportation Department

SWPPP Modification Number       **and/or** Corrective Action Report(s) Number

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| Description of Corrective Actions taken and/or SWPPP Modification |
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**Certification**

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 gathered and evaluated the information contained herein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained 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.

This signature/certification sheet fulfills the Signature Requirements of 5.4.3 and Certification Requirements of 7.4.4, and must be signed by the SWPPP certifier or their duly authorized representative.

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| ITD Key Number | Project Name | |
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| **District Engineer or Duly Authorized Representative’s Signature** | | Date Signed |
|  | |  |
| Office Address | | Phone Number |
|  | |  |
| **Prime Contractor or Duly Authorized Representative’s Signature** | | Date Signed |
|  | |  |
| Office Address | | Phone Number |
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| **Additional Operator** | | |
| ITD Key Number | Project Name | |
|  |  | |
| SWPPP Certifier or Duly Authorized Representative’s Signature | | Date Signed |
|  | |  |
| Office Address | | Phone Number |
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| **Additional Operator** | | |
| ITD Key Number | Project Name | |
|  |  | |
| SWPPP Certifier or Duly Authorized Representative’s Signature | | Date Signed |
|  | |  |
| Office Address | | Phone Number |
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