

**Stormwater Pollution Prevention Plan  
SPDES General Permit for Construction Activity, GP-0-10-001**

**CONTRACTOR CERTIFICATION STATEMENT**

**(Project Title)  
(Facility Name and Address)  
(Town or City), (County), New York**

The Contractor and Subcontractor(s) responsible for the implementation and adherence to the Stormwater Pollution Prevention Plan (SWPPP) shall sign a copy of the following certification statement prior to commencing any construction activity:

Certification Statement:

“I hereby certify that I understand and agree to comply with the terms and conditions of the SWPPP and agree to implement any corrective actions identified by the qualified inspector during a site inspection. I also understand that the *owner or operator* must comply with the terms and conditions of the New York State Pollutant Discharge Elimination System (“SPDES”) general permit for stormwater discharges from construction activities and that it is unlawful for any person to cause or contribute to a violation of water quality standards. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the referenced permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.”

Contractor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_

Contracting Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Trained Individual(s):  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

SWPPP Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

Subcontractor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Subcontracting Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Trained Individual(s):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

SWPPP Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Subcontractor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Subcontracting Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Trained Individual(s):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

SWPPP Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*For additional contractors/subcontractors print additional copies of this form.**