



I,		, a Professional Engineer duly licensed
I,		
Printed Name:		
Affiliation:		
Address:		
City:	State:	Zip:
Phone Number:		Fax Number:
E-mail Address (if available):		
Engineer's Seal and Signature:		
Date:		
Permit #:		
Project Name:		
Project Description:		
Project Location:		
Once executed, please return the original certification	on to:	
City of Houston		

Houston Public Works
Storm Water Quality Engineer
1002 Washington Ave., 2nd Floor
Houston, Texas 77002