

## Stormwater Utility Credits Program – Certified and Licensed Professional

This form is to be completed by the certified professional or licensed professional responsible for signing off on the recertification application for stormwater management practices. Please provide details of your certification, training, or equivalent qualifications demonstrating your expertise in stormwater management.

### **Certified Professional:**

An individual with relevant training and professional certifications, licensure, or credentials in stormwater management, or equivalent, demonstrating expertise in stormwater management practices. They are authorized to develop operation and maintenance plans, inspect, and certify the functionality of stormwater management practices. Examples include certifications such as:

- University of Minnesota Stormwater Treatment Operation and Maintenance Plans (MS4703)
- University of Minnesota Inspection and Maintenance of Permanent Stormwater Treatment Practices (MS4701)
- National Green Infrastructure Certification Program
- Certified Professional in Stormwater Quality

Other certifications, training, or experience may be accepted if the individual can provide documentation demonstrating equivalent knowledge and expertise in stormwater management.

### **Licensed Professional:**

An individual who holds a valid license in the State of Minnesota as a Professional Engineer (PE) or a Licensed Landscape Architect (LLA), and who is qualified to perform engineering or technical evaluations related to stormwater management. This individual is authorized to prepare, review, and certify documentation required for stormwater utility credit applications, including but not limited to hydraulic and hydrologic modeling, drainage mapping, and the design or performance verification of stormwater management practices.

Licensed Professional certification is required for Tier 3 and Tier 4 submittals. A Licensed Professional meets the requirement for a Certified Professional.

### **Section 1: Credit Applicant Information**

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Property Owner Name: \_\_\_\_\_

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

Utility Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Section 2: Certified Professional Information**

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Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Section 3: Certification Details**

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**I. Certification Completed** (Provide documentation where applicable):

Issuing Organization: \_\_\_\_\_  
Certification Name: \_\_\_\_\_  
Date of Certification: \_\_\_\_\_  
Expiration Date (if applicable): \_\_\_\_\_

**II. Demonstration of Equivalent Knowledge and Expertise** If you do not possess a certification, please provide details demonstrating your equivalent knowledge and expertise in stormwater management. Include any relevant experience, education, or specialized training.

**Description of Qualifications:**

Supporting Documentation Attached:  Yes  No

**Certified Professional Certification Statement** - I certify that I am a certified professional authorized to evaluate and certify stormwater management systems. The information provided above is true and accurate to the best of my knowledge. I further certify that I have reviewed the recertification application and supporting documentation, and that the stormwater management practices meet the criteria of the stormwater utility credit program.

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

**Section 4: Licensed Professional Certification Statement**

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Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
License Type:  Professional Engineer (PE)  
 Licensed Landscape Architect (LLA)  
License Number: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Licensed Professional Certification Statement** - I certify that I am a licensed professional authorized to evaluate and certify stormwater management systems. I have reviewed the recertification application and supporting documentation, including any hydrologic and hydraulic modeling or site performance data, and confirm that the stormwater practices meet the requirements of the City of Minneapolis Stormwater Utility Credit Program.

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