



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DAM AND RESERVOIR SAFETY  
**ATTACHMENT – REGISTRATION PERMIT APPLICATION**

NAME OF DAM		ID NUMBER <b>MO</b>
COUNTY		DATE
<input type="checkbox"/> <b>ENGINEER CERTIFICATION</b> I hereby certify that I have inspected the _____ (enter name of dam) on _____ (enter date) in accordance with the law.		
<input type="checkbox"/> <b>ENGINEER CERTIFICATION</b> I hereby certify that the owner of the _____ (enter name of dam) has complied with my recommendations to correct observed defects as required by law.		
<input type="checkbox"/> <b>JUDGEMENT OF STABILITY</b> At the time of my inspection, there were no observable indications that the dam was unsafe.		
NAME OF FIRM		ENGINEER'S SEAL
REGISTERED ENGINEER	P.E. NUMBER	