



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

NAME OF DAM		ID NUMBER MO
COUNTY		DATE
<input type="checkbox"/> ENGINEER CERTIFICATION I hereby certify that the construction of the _____ (name of dam) was substantially in accordance with the approved plans and specifications on file with the Missouri Dam and Reservoir Safety Program.		
NAME OF FIRM		ENGINEER'S SEAL
REGISTERED ENGINEER	P.E. NUMBER	