Cybersecurity
Certification of Compliance

Risk Resilience Assessment / Emergency Response Plan Wastewater

Cybersecurity Incident Response Plan Wastewater

** **DO NOT** send the updated vulnerability assessment/emergency response plan (VA/ERP) or cybersecurity plan **

System Information

NPDES Permit Number: _____

SPDES Permit Number: _____

POTW Name; _____

Address: _____

       City: _____

       State: _____ Zip: _____

       Phone: _____

       Fax: _____

Completed By

       Name: _____

       Title: _____

       Area of Responsibility: _____

       Phone: _____

       Fax Number: _____

       Email: _____

Primary Emergency Contact Information

       Contact Name: _____

       Daytime Phone: _____

       Emergency Phone: _____

       Cell Phone: _____

       Fax Number: _____

       Emergency Email: _____

By signing below, I am certifying that I have reviewed and updated a risk and resiliency assessment/emergency response plan and cybersecurity incident response plan.

Signed: _____ Date: _____