

Semi-Annual Compliance Certification

Stationary Source:

Facility name:

Part 70 Permit number:

Reporting period :

Statement of Certification: *Based on information and belief formed after reasonable inquiry, the statements and information in all forms, reports, documents, and attachments submitted to the APCD are true, accurate and complete. I also certify that all statements made concerning compliance are accurate and complete based on information and belief formed after reasonable inquiry.*

Name of designated responsible official

Title of responsible official

Signature of responsible official

Date (mm/dd/yy)