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| **INSTRUCTIONS: Select one or both check boxes below. Then, complete Sections A and B for the semi-annual and/or annual compliance certification. Submit a hard copy of this form along with the associated XLS spreadsheet completed for all conditions in the Air Quality Operating Permit (AQOP) to the Compliance Branch. (40 CFR 70.5(c)(9))** | |
| **Semi-Annual Report** | **Annual Report** |
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| **A. GENERAL INFORMATION**   1. Identifying Information   Company Name: Enter Company Name  Facility Name: Enter Facility Name  Facility Identification Number: AXXXX  Air Quality Operating Permit Number: APXXXX-XXXX  Mailing Address: Enter Street Address  City: Enter City State: Enter State ZIP: Enter Zip Code  Contact Person: Enter Name Contact Title: Enter Title  Phone Number: (XXX) XXX – XXXX, Include Extension if Applicable  Additional Contact Information: Include Preferred Phone Number if Different from Above and/or Preferred Email   1. Reporting Period   Select all that Apply for this Report:  First Half Semi-Annual (January – June)  Second Half Semi-Annual (July – December)  Annual | | |

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| **B. CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS FORM**   1. Responsible Official Information   Name: (Last) Enter Last Name (First) Enter First Name (Middle) Enter Middle Name  Title: Enter Title  Address: Enter Street Address  City: Enter City State: Enter State ZIP: Enter Zip Code  Phone Number: (XXX) XXX – XXXX, Include Extension if Applicable  Additional Contact Information: Include Preferred Phone Number if Different from Above and/or Preferred Email     1. Responsible Official’s Certification of Truth, Accuracy and Completeness   The Responsible Official must sign this statement after the form is completed for each applicable requirement.  I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: Enter Name Date: Enter Signature Date |