|  |
| --- |
| **INSTRUCTIONS: Complete Sections A and B for any non-compliance certification related monitoring report. Submit a hard copy of this form along with any supporting documentation to the Compliance Branch. This form should be provided as a cover sheet. (NRS 445B.230, 40 CFR 63.11646(a)(6), 40 CFR 63.11646(a)(7))** |
| **A. GENERAL INFORMATION**1. Identifying Information

Company Name: Enter Company NameFacility Name: Enter Facility NameFacility Identification Number: AXXXXFacility Class: Select Permit ClassAir Quality Operating Permit Number: APXXXX-XXXXFacility County: Select Facility CountyMailing Address: Enter Street AddressCity: Enter City State: Enter State ZIP: Enter Zip CodeContact Person: Enter Name Contact Title: Enter TitlePhone Number: (XXX) XXX – XXXX, Include Extension if ApplicableAdditional Contact Information: Include Preferred Phone Number if Different from Above and/or Preferred Email1. Reporting Period Range

Start Date: Enter Start DateEnd Date: Enter End Date1. Applicable Requirement

Applicable Requirement(s): Enter Requirement(s) (e.g., IV.4.a(iii) or 40 CFR 63.1354) |

|  |
| --- |
| **B. CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS FORM**1. Responsible Official Information

Name: (Last) Enter Last Name (First) Enter First Name (Middle) Enter Middle NameTitle: Enter TitleAddress: Enter Street AddressCity: Enter City State: Enter State ZIP: Enter Zip CodePhone Number: (XXX) XXX – XXXX, Include Extension if ApplicableAdditional 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 |