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| **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 Name  Facility Name: Enter Facility Name  Facility Identification Number: AXXXX  Facility Class: Select Permit Class  Air Quality Operating Permit Number: APXXXX-XXXX  Facility County: Select Facility County  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 Range   Start Date: Enter Start Date  End Date: Enter End Date   1. Applicable Requirement   Applicable Requirement(s): Enter Requirement(s) (e.g., IV.4.a(iii) or 40 CFR 63.1354) | |

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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 |