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| **INSTRUCTIONS: Complete Sections A, B, and C for all applicable schedules of compliance requirements. Submit a hard copy of this form along with any supporting documentation to the Compliance Branch or another branch within the Bureau of Air Pollution Control or Bureau of Air Quality Planning if directed to do so by the Consent Decree(s) and/or Administrative Order(s). (40 CFR 70.5(c)(8)(iii))** |
| **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 Email |

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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 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 |

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| **C. SCHEDULE OF COMPLIANCE PROGRESS**1. Applicable Requirement

Unit(s): Enter System Number(s) and Emission Unit Number(s)Applicable Requirement(s): Enter Requirement(s) (e.g., IV.4.a(iii), Order No. 2022C-98 4.a, or Civil Action No. 1:23-ab-45678-GHI-XYZ XVI.82.a)1. Reason for Noncompliance *(Briefly explain why the source is not in full compliance)*

Enter Brief Description1. Narrative Description to Achieve Compliance *(Briefly explain action plan to gain compliance)*

Enter Brief Description1. Consent Decrees or Administrative Orders *(Attach a copy of any judicial consent decrees or administrative orders regarding this schedule of compliance)*
2. Schedule of Compliance *(Provide a schedule of remedial actions, including an enforceable sequence of actions with milestones, leading to compliance, including a date for final compliance)*
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| Remedial ActionList Remedial Action(s) | Date to be AchievedList Expected Achieved Date(s) |