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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 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 | |

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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 |

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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 Description   1. Narrative Description to Achieve Compliance *(Briefly explain action plan to gain compliance)*   Enter Brief Description   1. 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)* | |
| Remedial Action  List Remedial Action(s) | Date to be Achieved  List Expected Achieved Date(s) |