Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

Section I - Facility Information					
Permit to be issued to (Business name of operator to appear on permit): Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD):					
This Certification is submitted with a (Check one)	 a. Title V Application (Initial, Revision or Rene b. Supplement/Correction to a Title V Application c. MACT Part 2 	•			
4. Is Form 500-C2 included wit					
Section II - Responsible Official Certification Statement					
I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.					
Read each statement carefully and check each that applies – You must check 3a or 3b.					
1. For Initial, Permit Renewal, and Administrative Application Certifications:					
a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,					
	 i. <u>except</u> for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1. 				
	ii. <u>except</u> for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will <u>not</u> be operating in compliance with the specified applicable requirement(s).				
b. The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.					
2. For Permit Revision A	oplication Certifications:				
a. The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.					
3. For MACT Hammer Ce	rtifications:				
The following in	ubject to Section 112(j) of the Clean Air Act (Sub nformation is submitted with a Title V application seen submitted, you must submit 500-MACT Part	to comply with the Part			
b. The facility is n	ot subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 6	63).		
	Signature of Responsible Official		Date		
	Type or Print Name of Responsible Official		Phone		
	Title of Responsible Official		Fax		
Add	dress of Responsible Official	City	State Zip Code		

Acid Rain Facilities Only: Turn page over & complete Section III

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

Section III - Designated Representative Certification Statement						
1. For Acid Rain Facilities Only: I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.						
Signature of Designated Representative or Alternate		Date				
Type or Print Name of Designated Representative or Alternate		Phone				
Title of Designated Representative or Alternate		Fax				
Address of Designated Representative or Alternate	City	State	Zip Code			