



Form 500-A2
Title V Application Certification

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

Section I - Operator Information

1. **Facility Name** (Business Name of Operator That Appears On Permit): _____

2. **Valid AQMD Facility ID** (Available On Permit Or Invoice Issued By AQMD): _____

3. **This Certification is submitted with a** (Check one):

- a. Title V Application (Initial, Revision or Renewal)
- b. Supplement/Correction to a Title V Application
- c. MACT Part 1

4. **Is Form 500-C2 included with this Certification?** Yes No

Section II - Responsible Official Certification Statement

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. except 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. except for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will not 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 Application 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 Certifications:

- a. The facility is subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63), also known as the MACT "hammer." The following information is submitted with a Title V application to comply with the Part 1 requirements of Section 112(j).
- b. The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).

Section III - Authorization/Signature

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 statement and information in this document and in all attached application forms and other materials are true, accurate, and complete.

1. Signature of Responsible Official:	2. Title of Responsible Official:
3. Print Name:	4. Date:
5. Phone #:	6. Fax #:
7. Address of Responsible Official:	
Street # _____	City _____ State _____ Zip _____

Acid Rain Facilities Only: Please Complete Section IV

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 IV - Designated Representative Certification Statement	
<p>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.</p>	
1. Signature of Designated Representative or Alternate:	2. Title of Designated Representative or Alternate:
3. Print Name of Designated Representative or Alternate:	4. Date:
5. Phone #:	6. Fax #:
7. Address of Designated Representative or Alternate:	
<p>_____ CA _____</p> <p>Street # _____ City _____ State _____ Zip _____</p>	