### NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources 625 Broadway, Albany, New York 12233-3250 P: (518) 402-8452 | F: (518) 402-9035 www.dec.ny.gov

### Attachment #1

Application Form for the Department's Electronic Reporting System



#### NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

**Division of Air Resources** 

625 Broadway, Albany, New York 12233-3250 P: (518) 402-8452 | F: (518) 402-9035

www.dec.ny.gov

# Application for Electronic Submittal - Compliance Certification **Facility Details DECID: Facility Name: Facility Location:** Facility Responsible Official(s) (RO) Name of RO: Title: Street 1: Street 2: City, State Country Zip: Telephone (Area Code + Number): E-mail: Name of RO: Title: Street 1: Street 2: City, State Country Zip: Telephone (Area Code + Number): E-mail: Name of RO: Title: Street 1: Street 2: City, State Country Zip: Telephone (Area Code + Number): E-mail:

Note: Each Responsible Official named on the application must provide a notarized signature. See page 4 for notary form.



# **Application for Compliance Certification (continued)**

### Certification Editor(s)

Name of Editor:	-	 	, , ,	
Title:		 		
Street 1:				
Street 2:				
City, State Country Zip:				
Telephone (Area Code + Number):		 		
E-mail:		 		
Name of Editor:		 		
Title:		 		
Street 1:		 		
Street 2:		 		
City, State Country Zip:		 		
Telephone (Area Code + Number):				
E-mail:		 		
N				
Name of Editor:		 		
Title:		 		
Street 1:				
Street 2:		 		
City, State Country Zip:		 		
Telephone (Area Code + Number):				
E-mail:		 		

# **Application for Compliance Certification (continued)**

### **Certification Reviewer(s)**

Name of Reviewer:			
Title:			
Street 1:			
Street 2:			
City, State Country Zip:			
Telephone (Area Code + Number):			
E-mail:			
Name of Reviewer:	 _	 	
Title:	 _	 	
Street 1:	 	 	
Street 2:	 -1	 	
City, State Country Zip:		 	
Telephone (Area Code + Number):	 	 	
E-mail:	 	 	
Name of Bardaman			
Name of Reviewer:	 -	 	
Title:	 	 	
Street 1:	 	 	
Street 2:	 	 	
City, State Country Zip:		 	
Telephone (Area Code + Number):	 	 	
F₋mail·			

### **Application for Electronic Submittal – Notary Page**

I, the undersigned, certify, under penalty of law, based on information and belief formed after reasonable inquiry, that the statements and information contained in this document is true, accurate and complete. Further, I agree to protect the requested signature device (user ID and password) from compromise. I further agree to report any evidence that the password has been compromised as soon as possible. I understand that a signature executed with the password has the same legal force as a handwritten signature.
Responsible Official
ACKNOWLEDGMENT
For each signatory:
STATE OF NEW YORK ) ) ss.: COUNTY OF )
On the, in the year, before me, the
undersigned, personally appeared, personally
known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

Note: Each Responsible Official named on the application must provide a notarized signature.

**Notary Public** 

### NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources
625 Broadway, Albany, New York 12233-3250
P: (518) 402-8452 | F: (518) 402-9035
www.dec.ny.gov

E-mail:

	bmittal – Emission Inventory Statement cility Details
	•
Escility Name:	
Eacility Location:	<del></del>
Tacinty Location.	<del></del>
<del></del>	<del></del>
<del></del>	<del></del>
<del></del>	<del></del>
Facility Resp	onsible Official(s) (RO)
Name of RO:	
Title:	
Street 1:	
Street 2:	
City, State Country Zip:	
Telephone (Area Code + Number):	
E-mail:	
Name of RO:	
Title:	
Street 1:	
Street 2:	
City, State Country Zip:	
Telephone (Area Code + Number):	
E-mail:	
Name of RO:	
Title:	
Street 1:	
Street 2:	
City, State Country Zip:	
Telephone (Area Code + Number):	

Note: Each Responsible Official named on the application must provide a notarized signature. See page 8 for notary form.



### **Application for Emission Inventory Statement (continued)**

### **Emission Statement Editor(s)**

Name of Editor:	 	 
Title:	 	
Street 1:	 	 
Street 2:	 	 
City, State Country Zip:	 	
Telephone (Area Code + Number):	 	
E-mail:	 	
Name of Editor:		
Title:		
Street 1:		
Street 2:	 	
City, State Country Zip:	 	
Telephone (Area Code + Number):	 	 
E-mail:	 	 
Name of Editor:		
Title:	 	
Street 1:		
Street 2:		
City, State Country Zip:		
Telephone (Area Code + Number):		
E-mail:		

### **Application for Emission Inventory Statement (continued)**

### **Emission Statement Reviewer(s)**

Name of Reviewer:	·	 	
Title:			
Street 1:			
Street 2:			
City, State Country Zip:			
Telephone (Area Code + Number):			
E-mail:	<del> </del>	 	 
Name of Reviewer:			
Title:			
Street 1:		 	 
Street 2:			
City, State Country Zip:		 	 
Telephone (Area Code + Number):		 	
E-mail:		 	 
Name of Reviewer:			
Title:			
Street 1:			
Street 2:			
City, State Country Zip:			
Telephone (Area Code + Number):			
E-mail:			

# Application for Electronic Submittal – Notary Page

I, the undersigned, certify, under penalty of law, based on information and belief
formed after reasonable inquiry, that the statements and information contained in this
document is true, accurate and complete. Further, I agree to protect the requested
signature device (user ID and password) from compromise. I further agree to report any
evidence that the password has been compromised as soon as possible. I understand
that a signature executed with the password has the same legal force as a handwritten
signature.

Responsible Official
ACKNOWLEDGMENT
or each signatory:
TATE OF NEW YORK )
) ss.: DUNTY OF )
n the day of, in the year, before me, the
dersigned, personally appeared, personally
nown to me or proved to me on the basis of satisfactory evidence to be the individual(s nose name is (are) subscribed to the within instrument and acknowledged to me that s/she/they executed the same in his/her/their capacity(ies), and that by his/her/their gnature(s) on the instrument, the individual(s), or the person upon behalf of which the dividual(s) acted executed the instrument.