

1. Facility Name _____	2. Permit No. _____
3. a. E-mail Address _____ b. Mailing Address _____	4. a. Contact Name and Title _____ _____ b. Area Code and Phone _____
<b>5. Regulated Air Pollutant</b>	<b>6. Assessable Emissions (tons)</b>
PM <sub>10</sub>	
TSP	
SO <sub>2</sub>	
NO <sub>x</sub> (as NO <sub>2</sub> )	
TRS (as H <sub>2</sub> S)	
VOC	
F	
Pb	
HCl	
HAP	
Other	
<b>7. Total Assessable Emissions</b>	

**Statement of Certification:**

*I have reviewed this report and all supporting documentation in their entirety and to the best of my knowledge, information, and belief formed after reasonable inquiry, the statements and information contained herein are true, accurate, and complete.*

Name of designated responsible official	Title of responsible official
Signature of responsible official (please use blue ink)	Date (mm/dd/yy)

