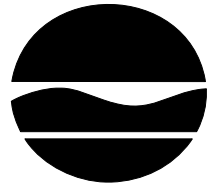


**New York State Department of Environmental Conservation**  
**Division of Air Resources**  
625 Broadway, Albany, New York 12233-3258  
**Website:** www.dec.ny.gov



**Certification of Truth, Accuracy and Completeness**

**DECID:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_

**Facility Contact:**

**Responsible Official**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

*The Responsible Official must sign this statement after the applicable report form is completed*

I certify, under penalty of law, based on information and belief formed after reasonable inquiry, that the statements and information contained in these documents are true, accurate and complete.

**Signature of Responsible Official:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_