



# Account Certificate of Representation SO<sub>2</sub>

This form is required to establish an Authorized Account Representative for compliance accounts under the Acid Deposition Reduction (ADR) SO<sub>2</sub> Budget Trading Program, 6 NYCRR Part 238. For more information, see instructions.

This submission is: ~ New

~ Revised

Check this box if you are also the Designated Representative for this plant under 6NYCRR Part 237: ~

**STEP 1**  
Identify the budget source(s) by plant name, and, if applicable, ORISPL code.

|            |           |
|------------|-----------|
| Plant Name | ORIS Code |
|------------|-----------|

**STEP 2**  
Enter requested information for the Authorized Account Representative (AAR).

|                |                          |
|----------------|--------------------------|
| Name           | AAR ID Number (if known) |
| Address        |                          |
| Phone Number   | Fax Number               |
| E-mail Address |                          |

**STEP 3**  
Enter requested information for the Alternate Authorized Account Representative, if applicable.

|                |                          |
|----------------|--------------------------|
| Name           | AAR ID Number (if known) |
| Phone Number   | Fax Number               |
| E-mail Address |                          |

**STEP 4**  
Provide the name of every owner and operator of the budget sources at the plant. Identify the budget sources they own and/or operate by boiler ID#.

|      |     |     |     |         |            |
|------|-----|-----|-----|---------|------------|
| Name |     |     |     | ~ Owner | ~ Operator |
| ID#  | ID# | ID# | ID# | ID#     | ID#        |
| ID#  | ID# | ID# | ID# | ID#     | ID#        |

|      |     |     |     |         |            |
|------|-----|-----|-----|---------|------------|
| Name |     |     |     | ~ Owner | ~ Operator |
| ID#  | ID# | ID# | ID# | ID#     | ID#        |
| ID#  | ID# | ID# | ID# | ID#     | ID#        |

|      |     |     |     |         |            |
|------|-----|-----|-----|---------|------------|
| Name |     |     |     | ~ Owner | ~ Operator |
| ID#  | ID# | ID# | ID# | ID#     | ID#        |
| ID#  | ID# | ID# | ID# | ID#     | ID#        |

|                          |
|--------------------------|
| Plant Name (from Step 1) |
|--------------------------|

**STEP 5**  
**Read the certification, sign and date.**

I certify that I was selected as the SO<sub>2</sub> authorized account representative or alternate SO<sub>2</sub> authorized account representative, as applicable, by an agreement binding on the owners and operators of the SO<sub>2</sub> budget source and each SO<sub>2</sub> budget unit at the source. I certify that I have all the necessary authority to carry out my duties and responsibilities under the ADR SO<sub>2</sub> Budget Trading Program on behalf of the owners and operators of the SO<sub>2</sub> budget source and of each SO<sub>2</sub> budget unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Department or a court regarding the source or unit.

I am authorized to make this submission on behalf of the owners and operators of the SO<sub>2</sub> budget sources or SO<sub>2</sub> budget 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 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 (Authorized Account Representative)           | Date |
| Signature (Alternate Authorized Account Representative) | Date |

**INSTRUCTIONS**

*Under the ADR SO<sub>2</sub> Budget Trading Program, the owners and operators for each budget source must designate a representative, and may designate an alternate, to act on their behalf. The owners and operators should choose the representative through a process that ensures that all owners and operators have notice regarding the selection. All budget sources at a plant must have the same Authorized Account Representative. The Authorized Account Representative is responsible for all submissions and allowance transactions relating to the budget sources at that plant. The Authorized Account Representative and the Alternate Authorized Account Representative are liable for acts or omissions within the scope of their responsibilities under the ADR SO<sub>2</sub> Budget Trading Program. The Department or its agent will not record an allowance transaction until it has received a complete Account Certificate of Representation.*

Please type or print. If more space is needed, photocopy the first page. Indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.). *Note: An Account Certificate of Representation amending an earlier submission supersedes the earlier submission in its entirety. A revised Account Certificate of Representation must therefore be complete, including signature and dating by the Authorized Account Representative (and the Alternate, if applicable).*

Submit one Account Certificate of Representation form with original signatures. Remember that the Authorized Account Representative should notify each owner and operator of all SO<sub>2</sub> Budget Program submissions.

**For assistance, call the NYSDEC, Division of Air Resources at (518) 402-8396.**

**STEP 1:** If any SO<sub>2</sub> budget source at the plant is affected by the NOx Budget Trading Program (6 NYCRR Part 204), the ORISPL code is embedded in the first six digits of the unit account number for that source under the NOx Budget Trading Program.

**STEP 2:** The Authorized Account Representative must be a natural person and cannot be a company. Please enter the firm name and address as it should appear on all correspondence.

Note: All Department correspondence is mailed to the Authorized Account Representative only. An Alternate Authorized Account Representative must rely on the Authorized Account Representative to forward information mailed by the Department.

**STEP 4** The owners and operators may be companies or natural persons. Identify each budget source at the plant that is owned or operated by the named party by providing the unit identification number for the budget source. If a budget source is affected by the NOx Budget Trading Program, the source should determine an appropriate ID# that it will use for all ADR Budget Trading Program purposes. This ID# must be six digits or less.

**STEP 5** Note the certification statement.

**SUBMISSION INSTRUCTIONS:**

**Submit this form prior to submission of the monitoring plan for the SO<sub>2</sub> Budget Trading Program.** This form must be submitted before participating in transfers of allowances. Submit a revised Account Certificate of Representation when any information in the existing Account Certificate of Representation changes.

**Mailing Instructions**

Mail this form to the Department at the following address:

NYSDEC  
 ADR SO<sub>2</sub> Budget Trading Program.  
 625 Broadway  
 Albany, NY 12233-3251