

General Account Information SO₂



This form is required to establish a general account in the New York State Acid Deposition Reduction Allowance Tracking System (NADATS) and should be submitted to the Department by any person, company, or organization wishing to open such an account for the purpose of holding and transferring allowances under the Acid Deposition Reduction (ADR) SO₂ Budget Trading Program, 6 NYCRR Part 238. To open a new general account, complete all steps in this form, leaving the NADATS account number and the Authorized Account Representative (AAR) ID blank for the Department to assign (unless you are an AAR for another account in NADATS, in which case you should write in your AAR ID number). Both the AAR and the alternate (if applicable) must sign and date the certification statement in Step 6. To revise information associated with an existing general account, enter your NADATS account number and AAR ID number and complete only those steps covering the information you wish to change. You must complete Step 6 to authorize the change of information. Only the AAR or alternate AAR can authorize the change, and only one signature is needed. The AAR should notify all persons who have an ownership interest in the allowances held in an account every time he or she makes an ADR SO₂ BudgetTrading Program submittal.

This submittal is: ~ New (to open a new general account)
 ~ Revised (to revise information on an existing general account)

| | |
|-----------------------|---------------|
| NADATS Account Number | AAR ID Number |
| Name of Account | |

STEP 1
Enter requested information for the Authorized Account Representative.

| | |
|-----------------|------------|
| Name | |
| Firm (Optional) | |
| Phone Number | Fax Number |
| E-mail Address | |

STEP 2 (Optional)
Enter requested information for the Alternate Authorized Account Representative.

| | |
|-----------------|------------|
| Name | |
| Firm (Optional) | |
| Phone Number | Fax Number |
| E-mail Address | |

STEP 3
Enter the mailing address for the account.

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|---------|
| Address |
|---------|

STEP 4
Enter the names of all parties (persons or companies) subject to the binding agreement authorizing your representation of the account.*

| |
|------|
| Name |
| Name |
| Name |

*Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the AAR, and, if applicable, the alternate AAR, identified in Steps 1 and 2. If you (the AAR) are the only person with an ownership interest in the allowances held in the account, list your name here.

NADATS Account Number (from page 1)

STEP 5 (Optional)
Respond to the questions by marking all appropriate boxes (this information will be used for program evaluation purposes only).

Is the Authorized Account Representative employed by an allowance brokerage firm?

- ~ No
- ~ Yes (if yes, please mark all boxes that apply)
 - ~ This account will be used to transfer allowances between clients
 - ~ This account will be used to hold allowances for investment purposes
 - ~ This account will be used for other purposes (*please specify*)

What types of business are represented by the owner(s) of allowances in this account? (Mark all boxes that apply)

- ~ Utility
- ~ Non-Utility Generator of Electricity
- ~ Industrial Boiler
- ~ Fuel Supplier
 - _____ Coal
 - _____ Gas
 - _____ Oil
 - _____ Other

- ~ Pollution Control Equipment
- ~ Public Interest Group
 - _____ Consumer
 - _____ Environmental
 - _____ Other

~ Other

STEP 6
Read the certification and sign and date. (Only one signature is needed if the form is being used to revise account information.) Leave the account number blank if you are opening a new account.

I certify that I was selected as the SO₂ authorized account representative or the SO₂ alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to SO₂ allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the ADR SO₂ Budget Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the Department or its agent or a court regarding the general account.

| | |
|---|------|
| Signature (Authorized Account Representative) | Date |
| Signature (Alternate Authorized Account Representative, if any) | Date |

Submission Information

U.S. Mail:
NYSDEC
ADR SO₂ Budget Trading Program.
625 Broadway
Albany, NY 12233-3251

If you have any questions, please call the **NYSDEC Division of Air Resources at 518-402-8396.**