

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources

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www.dec.ny.gov

Certification of Truth, Accuracy and Completeness

DECID: _____

Facility Name: _____

Reporting Period: _____

Facility Contact:

Name: _____

Title: _____

Address: _____

Telephone: _____

E-Mail: _____

Responsible Official:

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:



Department of
Environmental
Conservation

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Title V Semi-Annual Compliance Certification Report

Facility Name: _____

Permit ID: _____

Reporting Period: _____

DECID: _____

Federally Enforceable Conditions

Condition Number	Applicable Requirement	Permit Level	Description of Requirement	Description of Monitoring Data and Analysis Required by Permit	Deviations Y/N	Separate Report? Date

State Enforceable Conditions

Condition Number	Applicable Requirement	Permit Level	Description of Requirement	Description of Monitoring Data and Analysis Required by Permit	Deviations Y/N	Separate Report? Date

Summary of Deviations

Condition Number	Applicable Requirement	Permit Level	Description of Deviation	Probable Cause of Deviation	Corrective/Preventative Action Taken as a Result of the Deviation	Date of Written Notification