

USE of EMISSION REDUCTION CREDITS FORM

Note: This form must be completed and submitted by the offset user.

FACILITY USING THE EMISSION REDUCTION CREDIT

Facility Name: _____ Emission Unit ID# _____

Address: _____ DEC ID#: _____

Proposed Project Description:

Name of Authorized Representative _____ Title: _____

Signature of Authorized Representative: _____ Date: ____/____/____

FACILITY CREATING/OWNING THE EMISSION REDUCTION CREDIT

Facility Name: _____ Emission Unit ID# _____

Address: _____ DEC ID#: _____

Reduction Mechanism:

Name of Authorized Representative _____ Title: _____

Signature of Authorized Representative: _____ Date: ____/____/____

AMOUNT OF EMISSION REDUCTION CREDITS USED (Complete all that apply).

NO_x PM-10
offsets _____ tpy netting _____ tpy offsets _____ tpy netting _____ tpy

VOCs CO
offsets _____ tpy netting _____ tpy offsets _____ tpy netting _____ tpy

FOR NYSDEC USE ONLY

Date of Permit Issuance for the Facility Using the ERCs: ____/____/____

Name: _____ Title: _____ Region: ____

Signature: _____ Date: ____/____/____