

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources

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Certification of Truth, Accuracy and Completeness

DECID: _____

Facility Name: _____

Reporting Period: _____

Facility Contact:

Responsible Official:

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

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Telephone: _____

Telephone: _____

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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:
