

# Account Certificate of Representation

This form is required to establish an Authorized Account Representative for compliance accounts under the CO<sub>2</sub> Budget Trading Program, 6 NYCRR Part 242.

## STEP 1

Identify the budget source(s) by plant name and ORISPL code.

Plant Name	ORIS Code
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## STEP 2

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

Name
Address
Phone Number
E-mail Address

## STEP 3

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

Name
Phone Number
E-mail Address

## STEP 4

Provide the name of every owner and operator of the budget source(s) at the plant. Identify the budget source(s) they own and/or operate by CO<sub>2</sub> Budget Unit #.

Name				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Name				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Name				<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

**STEP 5**

Read the certification,  
sign and date.

I certify that I was selected as the CO<sub>2</sub> authorized account representative or alternate CO<sub>2</sub> authorized account representative, as applicable, by an agreement binding on the owners and operators of the CO<sub>2</sub> budget source and each CO<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 CO<sub>2</sub> Budget Trading Program on behalf of the owners and operators of the CO<sub>2</sub> budget source and of each CO<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 CO<sub>2</sub> budget sources or CO<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 and 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

**Mailing Instructions**

Mail this form to the Department at the following address:

NYSDEC  
CO<sub>2</sub> Budget Trading Program  
625 Broadway  
Albany, NY 12233-3251  
Attn: Michael P. Sheehan, P.E.