

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources

625 Broadway, Albany, New York 12233-3250

P: (518) 402-8452 | F: (518) 402-9035

www.dec.ny.gov

Attachment #1

Application Form for the Department's Electronic Reporting System

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Application for Electronic Submittal - Compliance Certification

Facility Details

DECID: - - - - -

Facility Name: _____

Facility Location: _____

Facility Responsible Official(s) (RO)

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Note: Each Responsible Official named on the application must provide a notarized signature. See page 4 for notary form.

Application for Compliance Certification (continued)

Certification Editor(s)

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Compliance Certification (continued)

Certification Reviewer(s)

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Electronic Submittal – Notary Page

I, the undersigned, certify, under penalty of law, based on information and belief formed after reasonable inquiry, that the statements and information contained in this document is true, accurate and complete. Further, I agree to protect the requested signature device (user ID and password) from compromise. I further agree to report any evidence that the password has been compromised as soon as possible. I understand that a signature executed with the password has the same legal force as a handwritten signature.

Responsible Official

ACKNOWLEDGMENT

For each signatory:

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

Notary Public

Note: Each Responsible Official named on the application must provide a notarized signature.

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Application for Electronic Submittal – Emission Inventory Statement

Facility Details

DECID: _ - _ _ _ _ - - _ _ _ _ _

Facility Name: _____

Facility Location: _____

Facility Responsible Official(s) (RO)

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Note: Each Responsible Official named on the application must provide a notarized signature. See page 8 for notary form.



Application for Emission Inventory Statement (continued)

Emission Statement Editor(s)

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Emission Inventory Statement (continued)

Certification Reviewer(s)

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Electronic Submittal – Notary Page

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Responsible Official

ACKNOWLEDGMENT

For each signatory:

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.
