



STATE OF NEVADA  
BUREAU OF AIR POLLUTION CONTROL

COMPLIANCE CERTIFICATION FORM

**INSTRUCTIONS:** Select one or both check boxes below. Then, complete Sections A and B for the semi-annual and/or annual compliance certification. Submit a hard copy of this form along with the associated XLS spreadsheet completed for all conditions in the Air Quality Operating Permit (AQOP) to the Compliance Branch. (40 CFR 70.5(c)(9))

Semi-Annual Report

Annual Report

**A. GENERAL INFORMATION**

1. Identifying Information

Company Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Identification Number: A \_\_\_\_\_

Air Quality Operating Permit Number: AP \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

2. Reporting Period

Select all that Apply for this Report:

First Half Semi-Annual (January – June)

Second Half Semi-Annual (July – December)

Annual



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**B. CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS FORM**

1. Responsible Official Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

2. Responsible Official's Certification of Truth, Accuracy and Completeness

The Responsible Official must sign this statement after the form is completed for each applicable requirement.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_