



**DATA CERTIFICATION FORM**

**For Inventory Year - 2011**

Please fill in all spaces and retain a copy for your records. Completed forms may be faxed. Print your name and sign this form in the spaces provided. Submit completed forms by due date to avoid fines or penalties.

A. Please print clearly.

Company Name			
Contact Name		Title	
Mailing Address			
City, State ZIP			
Contact Phone		Fax	
Equipment Address			
City, State ZIP			
Facility ID (see cover letter)			
Type of Business			

B. Is trade secret data included?

Yes  No

If yes, attach explanation.

C. Are there any **NEW** sources of criteria pollutants: oxides of nitrogen, oxides of sulfur, particulate matter, or volatile organic compounds (VOCs)?

Yes  No

If yes, describe in box below.

D. Are there any emission sources no longer in service?

Yes  No

If yes, write permit number in box below.

Remarks
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**Under California Health and Safety Code sections 40701 and 42303, the District has the right to request data needed to estimate pollutant emissions. Consequently, you are obligated to provide all requested data by the due date. This data is also requested under the authority of the Air Toxics Hot Spots program. The data may be used to determine permit renewal fees. Failure to provide complete data by the due date may result in fines or penalties.**

I \_\_\_\_\_ (Clearly Print Name), certify that the data provided above and in all attachments is complete and accurate to the best of my knowledge.

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