

# **EPA** Certificate of Representation

See instructions and 40 CFR 72.24, 97.416, 97.516, 97.616, 97.716, 97.816, and 97.916, 97.1016, or a comparable state regulation, as applicable. Note that the designated representative identified on this form is also the certifying official responsible for making related submissions for the identified unit(s), under additional programs, as indicated in the

|                                   | This submission is: | ☐ Revised | (revised submissions must | be com | nplete; see in | structions) |
|-----------------------------------|---------------------|-----------|---------------------------|--------|----------------|-------------|
| STEP 1<br>Provide                 |                     |           |                           |        |                |             |
| information for the plant         | Plant Name          |           |                           | State  | Plan           | t Code      |
|                                   | County Name         |           |                           |        |                |             |
|                                   |                     |           |                           |        |                |             |
|                                   | Latitude            |           | Longitude                 |        |                |             |
|                                   |                     |           |                           |        |                |             |
| STEP 2<br>Enter                   |                     |           |                           |        |                |             |
| requested information             | Name                |           | Title                     |        |                |             |
| for the designated representative | Company Name        |           |                           |        |                |             |
|                                   |                     |           |                           |        |                |             |
|                                   | Mailing Address     |           | City                      |        | State          | Zip Code    |
|                                   |                     |           |                           |        |                |             |
|                                   | Phone Number        |           | Fax Number                |        |                |             |
|                                   | Email Address       |           |                           |        |                |             |
|                                   |                     |           |                           |        |                |             |
| STEP 3<br>Enter                   |                     |           |                           |        |                |             |
| requested information             | Name                |           | Title                     |        |                |             |
| for the alternate                 |                     |           |                           |        |                |             |
| designated representative         | Company Name        |           |                           |        |                |             |
| roprocontativo                    | Mailing Address     |           | City                      |        | State          | Zip Code    |
|                                   |                     |           |                           |        |                |             |
|                                   | Phone Number        |           | Fax Number                |        |                |             |
|                                   | Email Address       |           |                           |        |                |             |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

|                        |                  |                       | each unit located at the plant identifie<br>s. Indicate each program to which the u   |                         |  |                                       |   |
|------------------------|------------------|-----------------------|---|-------------------------|--|---------------------------------------|---|
| Applicable Program(s): |                  | ☐ Acid Rain           | □ CSAPR NO <sub>X</sub> Annual       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 1       □ CSAPR SO <sub>2</sub> G         □ CSAPR NO <sub>X</sub> Ozone Season Group 2       □ Texas SO <sub>2</sub> □ CSAPR NO <sub>X</sub> Ozone Season Group 3 |                         |  |                                       | ☐ GHG NSPS ☐ MATS ☐ NO <sub>X</sub> SIP Call                      |
| Unit ID#               | Unit Type        | Source Categor        | ory   |                         | Generator ID Number<br>(Maximum 8<br>characters) | Acid Rain Nameplate<br>Capacity (MWe) | CSAPR / Texas SO <sub>2</sub> / Other<br>Nameplate Capacity (MWe) |
|                        |                  | NAICS Code            |   |                         |  |                                       |   |
|                        |                  |                       |   |                         |  |                                       |   |
| Enter the date th      | e unit hegan (or | will hegin) serving a | ny generator producing electricity for sale   | Is this unit located in | Has this unit ever opera                         | ted at another location?              |   |
| (including test go     |                  |                       | ny generaler producing electricity for calle  | Indian country?         | That this arm ever opera                         |                                       |   |
|                        |                  |                       | Check One:  | Check One:              | Check One:                                       |                                       |   |
|                        |                  |                       | ☐ Actual Date ☐ Projected Date  | Yes No                  | ☐ Yes ☐ No                                       |                                       |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |
| Company Name           | :                |                       |   |                         |  | Owner Operator                        |   |

#### STEP 5: Read the applicable certification statements, sign, and date.

#### Acid Rain Program

I certify that I was selected as the 'designated representative' or 'alternate designated representative', as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and each affected unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the affected source and each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and each affected unit at the source and; allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of allowances by contract, allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

#### CSAPR NO<sub>x</sub> Annual Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR  $NO_X$  Annual unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO<sub>X</sub> Annual Trading Program on behalf of the owners and operators of the source and of each CSAPR NO<sub>X</sub> Annual 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO<sub>X</sub> Annual unit, or where a utility or industrial customer purchases power from a CSAPR NO<sub>X</sub> Annual unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO<sub>X</sub> Annual unit at the source; and CSAPR NO<sub>X</sub> Annual allowances and; proceeds of transactions involving CSAPR NO<sub>X</sub> Annual allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO<sub>X</sub> Annual allowances by contract, CSAPR NO<sub>X</sub> Annual allowances and proceeds of transactions involving CSAPR NO<sub>X</sub> Annual allowances will be deemed to be held or distributed in accordance with the contract.

# CSAPR NOx Ozone Season Group 1 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR  $NO_X$  Ozone Season Group 1 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO<sub>X</sub> Ozone Season Group 1 Trading Program on behalf of the owners and operators of the source and of each CSAPR NO<sub>X</sub> Ozone Season Group 1 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO<sub>X</sub> Ozone Season Group 1 unit, or where a utility or industrial customer purchases power from a CSAPR NO<sub>X</sub> Ozone Season Group 1 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO<sub>X</sub> Ozone Season Group 1 unit at the source; and CSAPR NO<sub>X</sub> Ozone Season Group 1 allowances and proceeds of transactions involving CSAPR NO<sub>X</sub> Ozone Season Group 1 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO<sub>X</sub> Ozone Season Group 1 allowances by contract, CSAPR NO<sub>X</sub> Ozone Season Group 1 allowances and proceeds of transactions involving CSAPR NO<sub>X</sub> Ozone Season Group 1 allowances will be deemed to be held or distributed in accordance with the contract.

#### CSAPR NO<sub>X</sub> Ozone Season Group 2 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR NOx Ozone Season Group 2 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO<sub>X</sub> Ozone Season Group 2 Trading Program on behalf of the owners and operators of the source and of each CSAPR NO<sub>X</sub> Ozone Season Group 2 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO<sub>X</sub> Ozone Season Group 2 unit, or where a utility or industrial customer purchases power from a CSAPR NO<sub>X</sub> Ozone Season Group 2 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO<sub>X</sub> Ozone Season Group 2 unit at the source; and CSAPR NO<sub>X</sub> Ozone Season Group 2 allowances and proceeds of transactions involving CSAPR NO<sub>X</sub> Ozone Season Group 2 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO<sub>X</sub> Ozone Season Group 2 allowances by contract, CSAPR NO<sub>X</sub> Ozone Season Group 2 allowances and proceeds of transactions involving CSAPR NO<sub>X</sub> Ozone Season Group 2 allowances will be deemed to be held or distributed in accordance with the contract.

#### CSAPR NO<sub>X</sub> Ozone Season Group 3 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR NO<sub>x</sub> Ozone Season Group 3 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO<sub>X</sub> Ozone Season Group 3 Trading Program on behalf of the owners and operators of the source and of each CSAPR NO<sub>X</sub> Ozone Season Group 3 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NOx Ozone Season Group 3 unit, or where a utility or industrial customer purchases power from a CSAPR NOx Ozone Season Group 3 unit under a life of the unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NOx Ozone Season Group 3 unit at the source; and CSAPR NOx Ozone Season Group 3 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NOx Ozone Season Group 3 allowances by contract, CSAPR NOx Ozone Season Group 3 allowances and proceeds of transactions involving CSAPR NOx Ozone Season Group 3 allowances will be deemed to be held or distributed in accordance with the contract.

## CSAPR SO<sub>2</sub> Group 1 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR SO<sub>2</sub> Group 1 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR  $SO_2$  Group 1 Trading Program on behalf of the owners and operators of the source and of each CSAPR  $SO_2$  Group 1 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR SO<sub>2</sub> Group 1 unit, or where a utility or industrial customer purchases power from a CSAPR SO<sub>2</sub> Group 1 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR SO<sub>2</sub> Group 1 unit at the source; and CSAPR SO<sub>2</sub> Group 1 allowances and proceeds of transactions involving CSAPR SO<sub>2</sub> Group 1 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR SO<sub>2</sub> Group 1 allowances by contract, CSAPR SO<sub>2</sub> Group 1 allowances and proceeds of transactions involving CSAPR SO<sub>2</sub> Group 1 allowances will be deemed to be held or distributed in accordance with the contract.

#### CSAPR SO<sub>2</sub> Group 2 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR SO<sub>2</sub> Group 2 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR  $SO_2$  Group 2 Trading Program on behalf of the owners and operators of the source and of each CSAPR  $SO_2$  Group 2 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR SO<sub>2</sub> Group 2 unit, or where a utility or industrial customer purchases power from a CSAPR SO<sub>2</sub> Group 2 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR SO<sub>2</sub> Group 2 unit at the source; and CSAPR SO<sub>2</sub> Group 2 allowances and proceeds of transactions involving CSAPR SO<sub>2</sub> Group 2 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR SO<sub>2</sub> Group 2 allowances by contract, CSAPR SO<sub>2</sub> Group 2 allowances and proceeds of transactions involving CSAPR SO<sub>2</sub> Group 2 allowances will be deemed to be held or distributed in accordance with the contract.

#### Texas SO<sub>2</sub> Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each Texas SO<sub>2</sub> Trading Program unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the Texas  $SO_2$  Trading Program on behalf of the owners and operators of the source and of each Texas  $SO_2$  Trading Program 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 Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a Texas SO<sub>2</sub> Trading Program unit, or where a utility or industrial customer purchases power from a Texas SO<sub>2</sub> Trading Program unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each Texas SO<sub>2</sub> Trading Program unit at the source; and Texas SO<sub>2</sub> Trading Program allowances and proceeds of transactions involving Texas SO<sub>2</sub> Trading Program allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of Texas SO<sub>2</sub> Trading Program allowances by contract, Texas SO<sub>2</sub> Trading Program allowances and proceeds of transactions involving Texas SO<sub>2</sub> Trading Program allowances will be deemed to be held or distributed in accordance with the contract.

#### General

I am authorized to make this submission on behalf of the owners and operators of the source or 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 (Designated Representative)           | Date |
|---|------|
|   |      |
|   |      |
| Signature (Alternate Designated Representative) | Date |



# **Instructions for the Certificate of Representation**

NOTE: The Certificate of Representation information can be submitted online through the CAMD Business System (CBS), which can be accessed at <a href="https://camd.epa.gov/CBS/login/auth">https://camd.epa.gov/CBS/login/auth</a>. See the Certificate of Representation section of the Help File in CBS for assistance. If you have questions about CBS, send an email to cbs-support@camdsupport.com.

You must have a username and password to access CBS. You can obtain a username and password if: (1) you are currently listed in the CAMD database as a designated representative or an agent for a designated representative, **AND** (2) CAMD has received and processed a hard copy of the Electronic Signature Agreement at found on the <u>Business Center Forms</u> page. Once a person's Electronic Signature Agreement is processed, they will receive instructions to obtain a username and password.

Please type or print. Submit a separate page 2 for each unit at the plant (source) subject to the Acid Rain Program (ARP), a Cross-State Air Pollution Rule (CSAPR) trading program, or the Texas SO<sub>2</sub> Trading Program (TXSO<sub>2</sub>). Include units for which a Retired Unit Exemption notice has been submitted. Indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the upper right-hand corner of page 2. A Certificate of Representation amending an earlier submission supersedes the earlier submission in its entirety and must therefore always be complete. Submit one Certificate of Representation form with original signature(s). NO FIELDS SHOULD BE LEFT BLANK.

Note that because all emissions and monitoring plan data submitted (or resubmitted) through to EPA's Emissions Collection and Monitoring Plan System (ECMPS) for a unit for a given time period must be contained in one internally consistent datafile, the designated representative identified on this form is also the certifying official responsible for making submissions concerning the identified unit(s) where required by additional programs, including the Greenhouse Gas New Source Performance Standards program under40 CFR part 60, subpart TTTT (NSPS4T), the Mercury and Air Toxics Standards program under 40 CFR part 63, subpart UUUUU (MATS), and state programs implementing the NO<sub>X</sub> SIP Call under 40 CFR 51.121 (SIPNOX).

## STEP 1

- (i) A plant code is a number assigned by the Department of Energy's (DOE) Energy Information Administration (EIA) to plants that generate electricity. For older plants, "plant code" is synonymous with "ORISPL" and "facility" codes. If the plant generates electricity but no plant code has been assigned, or if there is uncertainty regarding what the plant code is, send an email to the EIA at <a href="EIA-860@eia.gov">EIA-860@eia.gov</a>. For plants that do not produce electricity, use the plant identifier assigned by EPA (beginning with "88").
- (ii) Enter the latitude and longitude representing the location of the plant. Note that coordinates MUST be submitted in decimal degree format; in this format minutes and seconds are represented as a decimal fraction of one degree. Therefore, coordinates containing degrees, minutes, and seconds must first be converted using the formula:

decimal degrees = degrees + (minutes / 60) + (seconds / 3600)

Example: 39 degrees, 15 minutes, 25 seconds = 39 + (15 / 60) + (25 / 3600) = 39.2569 degrees

#### **STEPS 2 & 3**

The designated representative and the alternate designated representative must be individuals (i.e., natural persons). Enter the associated company name and address of the representative as it should appear on all correspondence. Most correspondence will be emailed. Although not required, EPA strongly encourages owners and operators to designate an alternate designated representative to act on behalf of the designated representative.

There may be only one designated representative and one alternate designated representative for a plant.

#### STEP 4

(i) Complete one page for each unit subject to the ARP, CSAPR, or TXSO<sub>2</sub> programs, and indicate the program(s) that the unit is subject to. Also indicate if the unit is subject to the MATS, NSPS4T, and/or SIPNOX programs. Identify each unit at the plant by providing the appropriate unit identification

number, consistent with the identifiers used in previously submitted Certificates of Representation (if applicable) and with submissions made to DOE and/or EIA. Do not list duct burners. For new units without identification numbers, owners and operators must assign identifiers consistent with EIA and DOE requirements. Each submission to EPA that includes the unit identification number(s) (e.g., monitoring plans and quarterly reports) should reference those unit identification numbers in exactly the same way that they are referenced on the Certificate of Representation. Do not identify units that are not subject to the above-listed programs but are part of a common monitoring configuration with a unit that is subject to any of these programs. To identify units in a common monitoring configuration that are not subject to any of these programs, call the CAMD Hotline at (202) 343-9620, and leave a message under the "Continuous Emissions Monitoring" submenu.

(ii) Identify the type of unit using one of the following abbreviations:

| Boilers |  | Boilers |                                    | <u>Turbines</u> |  |
|---------|--|---------|------------------------------------|-----------------|--|
| AF      | Arch-fired boiler                      | ОВ      | Other boiler                       | CC              | Combined cycle combustion turbine      |
| BFB     | Bubbling fluidized bed boiler          | PFB     | Pressurized fluidized bed boiler   | СТ              | Simple cycle combustion turbine        |
| С       | Cyclone boiler                         | S       | Stoker boiler                      | IGC             | Integrated gasification combined cycle |
| СВ      | Cell burner boiler                     | Т       | Tangentially-fired boiler          |                 |  |
| CFB     | Circulating fluidized bed boiler       | WBF     | Wet bottom wall-fired boiler       | <u>Other</u>    |  |
| DB      | Dry bottom wall-fired boiler           | WBT     | Wet bottom turbo-<br>fired boiler  | ICE             | Internal combustion engine             |
| DTF     | Dry bottom turbo-<br>fired boiler      | WVF     | Wet bottom vertically-fired boiler | KLN             | Cement kiln                            |
| DVF     | Dry bottom vertically-<br>fired boiler |         |                                    | PRH             | Process heater                         |

- (iii) Indicate the source category description that most accurately describes the purpose for which the unit is operated by entering one of the following terms.
  - Electricity generation
  - Useful thermal energy production (i.e., production of process heat and/or steam for uses other than electricity production)
  - Cogeneration (i.e., both electricity generation and useful thermal energy production through the sequential use of energy)
- (iv) Provide the primary North American Industrial Classification System (NAICS) code that most accurately describes the business type for which the unit is operated. If unknown, go to <a href="https://www.census.gov/eos/www/naics">https://www.census.gov/eos/www/naics</a> for guidance on how to determine the proper NAICS code for the unit.

- (v) Enter the date the unit began (or will begin) serving any generator producing electricity for sale, including test generation. Enter this date and check the "actual" box for any unit that has begun to serve a generator producing electricity for sale as of the date of submission of this form. (This information should be provided even if the unit does not currently serve a generator producing electricity for sale.) For any unit that will begin, but has not begun as of the date of submission of this form, to serve a generator producing electricity for sale, estimate the future date on which the unit will begin to produce electricity for sale and check the "projected" box. When the actual date is established, revise the form accordingly by entering the actual date and checking the "actual" box. Enter "NA" if the unit has not ever served, is not currently serving, and is not projected to serve, a generator that produces electricity for sale.
- (vi) For a unit that, as of the date of submission of this form, serves one or more generators (whether or not the generator produces electricity for sale), enter the generator ID number(s) and the nameplate capacity (in MWe, rounded to the nearest tenth) of each generator served by the unit. A unit serves a generator if the unit produces, or is able to produce, steam, gas, or other heated medium for generating electricity at that generator. For combined cycle units, report separately the nameplate capacities of the generators associated with the combustion turbine and the steam turbine. Please ensure that the generator ID numbers entered are consistent with those reported to the EIA.

A nameplate capacity should be entered in the "Acid Rain" column for each generator served by a unit subject to the ARP, and a nameplate capacity should be entered in the "CSAPR / Texas  $SO_2$ / Other" column for each generator served by a unit subject to any of the other programs indicated on the form (including units that are also subject to the ARP). The nameplate capacity entered in the "Acid Rain" column where a unit is listed in the National Allowance Database (NADB) should be the nameplate capacity as shown in the NADB. The nameplate capacity entered in the "Acid Rain" column where a unit is not listed in the NADB, and the nameplate capacity entered in the "CSAPR / Texas  $SO_2$ / Other" column where a unit is subject to any programs other than the ARP, generally should be the higher of (i) the nameplate capacity as of the generator's initial installation or (ii) the nameplate capacity following physical changes that result in an increase in the maximum electrical generating output that the generator can produce on a steady-state basis when not restricted by seasonal or other deratings. To the extent consistent with the preceding sentences, use the nameplate capacity reported to EIA for each generator on Form EIA-860. Enter "NA" if, as of the date of submission of this form, the unit does not serve a generator.

For the full definitions of "nameplate capacity", see 40 CFR 72.2, 97.402, 97.502, 97.602, 97.702, 97.802, 97.902, and 97.1002 as applicable. The NADB is available at https://www.epa.gov/airmarkets/clean-air-markets-allowance-markets#Allocated.

Enter the company name of each owner and operator in the "Company Name" field. Indicate whether the company is the owner, operator, or both. For new units, if the operator of a unit has not yet been chosen, indicate that the owner is both the owner and operator and submit a revised form when the operator has been selected within 30 days of the effective date of the selection. EPA must be notified of changes to owners and operators within 30 days of the effective date of the change. You are strongly encouraged to use the CAMD Business System to provide updated information on owners and operators. See the Certificate of Representation section of the Help File found at the top right of any screen in CBS, including the homepage, for assistance.

- (vii) Indicate whether or not the unit is located in Indian country. "Indian country" generally includes all lands within any federal Indian reservation, all dependent Indian communities, and all Indian allotments for which the Indian titles have not been extinguished. For the full definition of "Indian country", see 18 U.S.C. § 1151.
- (viii) When identifying a unit at a plant for the first time, indicate whether or not the unit ever operated at another location. If the answer is "yes", EPA will contact the owners/operator for more information.

#### STEP 5

Read the applicable certification statements, sign, and date.

Mail the completed, signed form to **one** of the following addresses (**note the different zip codes**):

#### Regular or Certified mail:

U.S. EPA
CAMD – Market Operations Branch
Attn: Designated Representative
1200 Pennsylvania Avenue, NW
Mail Code 6204A
Washington, DC 20460

#### Overnight mail:

U.S. EPA
CAMD – Market Operations Branch
Attn: Designated Representative
1200 Pennsylvania Avenue, NW
WJC South, 4<sup>th</sup> Floor, Room # 4153C
Washington, DC **20004**(202) 564-8717

Submit this form prior to making any other submissions under the ARP, CSAPR, or TXSO<sub>2</sub> programs. Submit a revised Certificate of Representation when any information in the existing Certificate of Representation changes. You are strongly encouraged to use the CAMD Business System to provide updated information. See the Certificate of Representation section of the Help File in CBS for assistance.

#### **Paperwork Burden Estimate**

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control Nos. 2060-0258 and 2060-0667). Responses to this collection of information are mandatory (40 CFR 72.24, 97.416, 97.516, 97.616, 97.716, 97.816, 97.916 and 97.1016). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 15 hours per response annually. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.