



# Certificate of Representation

For more information, see instructions and refer to 40 CFR 72.24

This submission is:  New  Revised (revised submissions must be complete; see instructions)

**STEP 1**  
Provide information for the plant.

Plant Name	State	ORISPL Code
County Name		
Latitude	Longitude	

**STEP 2**  
Enter requested information for the designated representative.

Name	Title
Company Name	
Address	
Phone	Fax
E-mail	

**STEP 3**  
Enter requested information for the alternate designated representative; if applicable.

Name	Title
Company Name	
Address	
Phone	Fax
E-mail address	

Plant Name (from Step 1)
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**UNIT INFORMATION**

**STEP 4: Complete one page for each unit located at the facility identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NO<sub>x</sub> Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s):  Acid Rain

Unit ID#	Unit Type	Source Category		Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR Nameplate Capacity (MWe)
		NAICS Code				
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy):				Check One:		
				Actual <input type="checkbox"/>		
				Projected <input type="checkbox"/>		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:				<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Plant Name (from Step 1)

**STEP 5: Read the appropriate 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.e., the source and each unit subject to the Acid Rain Program, as indicated in "Applicable Program(s)" in Step 4).

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 North Dakota Department of Health, Division of Air Quality, 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, allowances and proceeds of transactions involving 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) at <https://camd.epa.gov/cbs/index.cfm>. You must have a user ID and password. If you need a user ID and password, or if you have questions about CBS, contact Laurel DeSantis at [desantis.laurel@epa.gov](mailto:desantis.laurel@epa.gov) or (202) 343-9191, or Alex Salpeter at [salpeter.alex@epa.gov](mailto:salpeter.alex@epa.gov) or (202) 343-9157. If you submit the information online through the CBS, also send a copy to the North Dakota Department of Health, Division of Air Quality, 918 E Divide Avenue, 2<sup>nd</sup> Floor, Bismarck, ND 58501-1947.**

Any reference in these instructions to the Designated Representative means the Acid Rain Designated Representative. Any reference to the Alternate Designated Representative means the Alternate Acid Rain Designated Representative.

Please type or print. Submit one copy of page 2 for each unit subject to the Acid Rain Program at the facility (source), and indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the boxes 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.** For assistance, contact Laurel DeSantis at [desantis.laurel@epa.gov](mailto:desantis.laurel@epa.gov) or (202) 343-9191.

### STEP 1

(i) A Plant Code is a 4 or 5 digit number assigned by the Department of Energy's (DOE) Energy Information Administration (EIA) to facilities that generate electricity. For older facilities, "Plant Code" is synonymous with "ORISPL" and "Facility" codes. If the facility generates electricity but no Plant Code has been assigned, or if there is uncertainty regarding what the Plant Code is, contact EIA at (202) 586-1029. For facilities that do not produce electricity, use the facility identifier assigned by EPA (beginning with "88"). If the facility does not produce electricity and has not been assigned a facility identifier, contact Laurel DeSantis at [desantis.laurel@epa.gov](mailto:desantis.laurel@epa.gov) or (202) 343-9191.

(ii) Enter the latitude and longitude representing the location of the facility in degree decimal format.

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:

$$\text{decimal degrees} = \text{degrees} + (\text{minutes} / 60) + (\text{seconds} / 3600)$$

Example:

$$39 \text{ degrees, } 15 \text{ minutes, } 25 \text{ seconds} = 39 + (15 / 60) + (25 / 3600) = 39.2569 \text{ degrees}$$

### STEPS 2 & 3

The Designated Representative and the Alternate Designated Representative must be individuals (i.e., natural persons) and cannot be a company. Enter the company name and address of the representative as it should appear on all correspondence. If an email address is provided, 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.**

### STEP 4

(i) Complete one page for each unit subject to the Acid Rain Program and indicate the program (Acid Rain) to which the unit is subject. Identify each unit at the facility 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 program but are part of a common monitoring configuration with a unit that is subject to this program. To identify units in a common monitoring configuration that are not subject to this program, call the CAMD Hotline at (202) 343-9620, and leave a message under the "CEMS" submenu.

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

<u>Boilers</u>	<u>Boilers</u>	<u>Turbines</u>
<b>AF</b> Arch-fired boiler	<b>OB</b> Other boiler	<b>CC</b> Combined cycle
<b>BFB</b> Bubbling fluidized bed boiler	<b>PFB</b> Pressurized fluidized bed boiler	<b>CT</b> Combustion turbine
<b>C</b> Cyclone boiler	<b>S</b> Stoker	<b>OT</b> Other turbine
<b>CB</b> Cell burner boiler	<b>T</b> Tangentially-fired boiler	<u>Others</u>
<b>CFB</b> Circulating fluidized bed boiler	<b>WBF</b> Wet bottom wall-fired boiler	<b>ICE</b> Internal combustion engine
<b>DB</b> Dry bottom wall-fired boiler	<b>WBT</b> Wet bottom turbo-fired boiler	<b>KLN</b> Cement kiln
<b>DTF</b> Dry bottom turbo-fired boiler	<b>WVF</b> Wet bottom vertically-fired boiler	<b>PRH</b> Refinery process heater
<b>DVF</b> Dry bottom vertically-fired boiler		

If there is uncertainty about how a unit should be characterized, contact Robert Miller at [miller.robert1@epa.gov](mailto:miller.robert1@epa.gov) or (202) 343-9077.

(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. If none of these descriptions applies to your unit, contact Robert Miller at [miller.robertl@epa.gov](mailto:miller.robertl@epa.gov) or (202) 343-9077.

Cogeneration

Small Power Producer

Electric Utility

(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 <http://www.census.gov> 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 producing electricity for sale. **You are strongly encouraged to use the CAMD Business System to update information regarding when a unit begins serving a generator producing electricity for sale.**

If you have questions regarding this portion of the form, contact Robert Miller at [miller.robertl@epa.gov](mailto:miller.robertl@epa.gov) or (202) 343-9077.

(vi) For a unit subject to the Acid Rain Program, that, as of the date of submission of this form, serves one or more generators (whether or not the generator produces electricity for sale), indicate the generator ID number and the nameplate capacity (in MWe) of each generator served by the unit. A unit serves a generator if it 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.

For a unit subject to the Acid Rain Program, the nameplate capacity of a generator, if listed in the National Allowance Database ("NADB"), is not affected by physical changes to the generator after initial installation that result in an increase in the maximum electrical generating output that the generator is capable of producing. Otherwise, for a unit subject to the Acid Rain Program, the nameplate capacity of a generator is affected by physical changes to the generator after initial installation that result in an increase in the maximum electrical generating output that the generator is capable of producing. In such a case, the higher maximum electrical generating output number in MWe should be reported in the nameplate capacity column. Enter "NA" if, as of the date of submission of this form, the unit does not serve a generator.

See the definition of "nameplate capacity" at 40 CFR 72.2. The NADB is located at the CAMD website at <http://www.epa.gov/airmarkets/trading/allocations.html>. If you have questions regarding nameplate capacity, contact Robert Miller at [miller.robertl@epa.gov](mailto:miller.robertl@epa.gov) or (202) 343-9077; if you have questions regarding the NADB, contact Craig Hillock at [hillock.craig@epa.gov](mailto:hillock.craig@epa.gov) or (202) 343-9105.

(vii) 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.**

**STEP 5**

Read the appropriate certification statements, sign, and date.

**Mail this form to:**

For regular/certified mail:

U.S. Environmental Protection Agency  
Clean Air Markets Division (6204J)  
Attention: Designated Representative  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

For overnight mail:

U.S. Environmental Protection Agency  
Clean Air Markets Division (6204J)  
Attention: Designated Representative  
1310 L Street, NW  
Second Floor  
Washington, DC 20005  
(202) 343-9191

**Mail a copy of this form to:**

North Dakota Department of Health  
Division of Air Quality  
918 E Divide Avenue, 2<sup>nd</sup> Floor  
Bismarck, ND 58501-1947

**Submit this form prior to making any other submissions under the Acid Rain Program.** 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.**