



CERTIFICATE OF REPRESENTATION
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 61205 (03-17)

SECTION A - FACILITY INFORMATION*

Facility Name			
ND Air Pollution Control Permit Number (If Applicable)			
Facility Address (Street & Number)			
City	State	ZIP Code	County

*To designate the same representative for more than one facility complete Section E.

SECTION B – RESPONSIBLE OFFICIAL

Name		Title	
Company Name			
Facility Address (Street & Number)			
City		State	ZIP Code
Telephone Number	Fax		Email

SECTION C – DESIGNATED REPRESENTATIVE

Name		Title	
Company Name			
Facility Address (Street & Number)			
City		State	ZIP Code
Telephone Number	Fax		Email

SECTION D – ALTERNATIVE DESIGNATED REPRESENTATIVE

Name		Title	
Company Name			
Facility Address (Street & Number)			
City		State	ZIP Code
Telephone Number	Fax		Email

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 Clean Air Act 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 submission(s) on behalf of the owners and operators of the source or units for which the submission(s) 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 of Designated Representative	Date
Signature of Alternate Designated Representative	Date

I authorize the above individual(s) to make submission(s) on behalf of the owners and operators of the source or units for which the submission(s) is made. I certify under penalty of law that I have personally authorized the above individuals to submit documents as if I had submitted them. 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 and that designating others to submit on my behalf does not absolve of me responsibly or shield me from civil or criminal penalties.

Signature of Responsible Official	Date
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SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide Avenue, 2nd Floor
Bismarck, ND 58501-1947
(701)328-5188

SECTION E – ADDITIONAL FACILITY INFORMATION

Facility Name			
ND Air Pollution Control Permit Number (If Applicable)			
Facility Address (Street & Number)			
City	State	ZIP Code	County

Facility Name			
ND Air Pollution Control Permit Number (If Applicable)			
Facility Address (Street & Number)			
City	State	ZIP Code	County

Facility Name			
ND Air Pollution Control Permit Number (If Applicable)			
Facility Address (Street & Number)			
City	State	ZIP Code	County

Facility Name			
ND Air Pollution Control Permit Number (If Applicable)			
Facility Address (Street & No.)			
City	State	ZIP Code	County

Facility Name			
ND Air Pollution Control Permit Number (If Applicable)			
Facility Address (Street & Number)			
City	State	ZIP Code	County