CERTIFICATION REPORT

I. FACILITY INFORMATION

	1.	Company Name:					
	2.	Facility Name (if different than Company Name):					
	3.	Mailing Address:					
	4.	Street Address or Source Location:					
	5.	Type of Organization:	[] Corporation	[] Sole Ownership	[] Utility Company		
			[] Government	[] Partnership			
	6.	Facility Permit Number:					
II.	GE	ENERAL INFORMATION					
	7.	Reporting period (specify dates):					
	8.	. Due date for submittal of report:					
	9.	 Type of submittal: [] Monitoring Report (complete Section III) [] Compliance Certification (complete Section IV) 					

III. MONITORING REPORT INFORMATION

10. Were deviations from monitoring requirements encountered during the reporting period?

[] No [] Yes (If Yes, complete the **Title V DEVIATION REPORT** form)

IV. COMPLIANCE CERTIFICATION

- 11. Was source in compliance during the reporting period specified in Section II of this Form and is source currently in compliance with all applicable federal requirements and permit conditions.
 - [] No [] Yes (If No, see requirements in SMAQMD Rule 207 Section 413.2)

V. CERTIFICATION

I certify based on information and belief formed after reasonable inquiry that the statements and information in this document and supplements are true, accurate and complete.

Signature of Responsible Official	Date				
Print Name of Responsible Official					
Title of Responsible Official and Company Name					
Telephone Number of Responsible Official: ()					