

Annual Compliance Certification

Facility Name _____ License Number _____ Year _____

(a)	(b)/(c)	(d)	(e1)	(e2)
Condition ID (and emission source name if appropriate)	Compliance Status ¹ (Check appropriate box)	Method for determining compliance (Check appropriate box)	Summary of deviations from the condition (e.g. % of operating time or number of deviations.)	Describe deviations ¹ in detail or reference certified report submitted to MEDEP. (Attach additional pages if needed)
	<input type="checkbox"/> Continuous Compliance <input type="checkbox"/> Intermittent Compliance	<input type="checkbox"/> CEMS/COMS <input type="checkbox"/> Parameter Monitor <input type="checkbox"/> Stack Test <input type="checkbox"/> Other (specify method)		
	<input type="checkbox"/> Continuous Compliance <input type="checkbox"/> Intermittent Compliance	<input type="checkbox"/> CEMS/COMS <input type="checkbox"/> Parameter Monitor <input type="checkbox"/> Stack Test <input type="checkbox"/> Other (specify method)		
	<input type="checkbox"/> Continuous Compliance <input type="checkbox"/> Intermittent Compliance	<input type="checkbox"/> CEMS/COMS <input type="checkbox"/> Parameter Monitor <input type="checkbox"/> Stack Test <input type="checkbox"/> Other (specify method)		
	<input type="checkbox"/> Continuous Compliance <input type="checkbox"/> Intermittent Compliance	<input type="checkbox"/> CEMS/COMS <input type="checkbox"/> Parameter Monitor <input type="checkbox"/> Stack Test <input type="checkbox"/> Other (specify method)		
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	<input type="checkbox"/> Continuous Compliance <input type="checkbox"/> Intermittent Compliance	<input type="checkbox"/> CEMS/COMS <input type="checkbox"/> Parameter Monitor <input type="checkbox"/> Stack Test <input type="checkbox"/> Other (specify method)		

1. Must take into account any Credible Evidence for Non-compliance.
DEP Form Annual Cert2.xls 1/5/04