

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

**Division of Air Resources**

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www.dec.ny.gov

**Certification of Truth, Accuracy and Completeness**

DECID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

**Facility Contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Responsible Official:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*The Responsible Official must sign this statement after the applicable report form is completed*

I certify, under penalty of law, based on information and belief formed after reasonable inquiry, that the statements and information contained in these documents are true, accurate and complete.

Signature of Responsible Official:

Date:

\_\_\_\_\_

\_\_\_\_\_