

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources

625 Broadway, Albany, New York 12233-3250

P: (518) 402-8452 | F: (518) 402-9035

www.dec.ny.gov

Attachment #1

Application Form for the Department's Electronic Reporting System

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Application for Electronic Submittal - Compliance Certification

Facility Details

DECID: - - - - - - - - - -

Facility Name: _____

Facility Location: _____

Facility Responsible Official(s) (RO)

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Name of RO: _____

Title: _____

Street 1: _____

Street 2: _____

City, State Country Zip: _____

Telephone (Area Code + Number): _____

E-mail: _____

Note: Each Responsible Official named on the application must provide a notarized signature. See page 4 for notary form.

Application for Compliance Certification (continued)

Certification Editor(s)

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Compliance Certification (continued)

Certification Reviewer(s)

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Emission Inventory Statement (continued)

Emission Statement Editor(s)

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Editor: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Application for Emission Inventory Statement (continued)

Emission Statement Reviewer(s)

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

Name of Reviewer: _____
Title: _____
Street 1: _____
Street 2: _____
City, State Country Zip: _____
Telephone (Area Code + Number): _____
E-mail: _____

