

FACILITY NAME \_\_\_\_\_ FACILITY # \_\_\_\_\_

**STATEMENT OF COMPLIANCE:**

*I certify the following:*

Read each statement carefully and initial each box for confirmation.

- Based on information and belief formed after reasonable inquiry, the source(s) identified in the Applicable Requirements and Compliance Summary form that is(are) in compliance will continue to comply with the applicable requirement(s);*
- Based on information and belief formed after reasonable inquiry, the source(s) identified in the Applicable Requirements and Compliance Summary form will comply with future-effective applicable requirement(s), on a timely basis;*
- Based on information and belief formed after reasonable inquiry, information on application forms, all accompanying reports, and other required certifications is true, accurate, and complete;*
- All fees required by Regulation 3, including Schedule P have been paid.*

**STATEMENT OF NON-COMPLIANCE**

Read statement carefully. Initial box for confirmation if statement is true.

*I certify the following:*

- Based on information and belief formed after reasonable inquiry, the source(s) identified in the Schedule of Compliance application form that is(are) not in compliance with the applicable requirement(s) will comply in accordance with the attached compliance plan schedule.*

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Responsible Official