Engineering Division

Bay Area Air Quality Management District
375 Beale Street, Ste# 600, San Francisco, CA 94105
415-749-4990

Total Stationary Source Emissions

FACILITY NAME: _____	FACILITY #: _____

I. STATIONARY SOURCE EMISSIONS

POLLUTANT (name)	EMISSIONS (tons per year)	PRE-MODIFICATION EMISSIONS (tons per year)	EMISSIONS CHANGE (tons per year)

I certify that based on information and belief formed after reasonable inquiry, the answers, statements, and information contained in this application (and supplemental attachments thereto) are true, accurate, and complete. This application consists of the application forms provided by the Bay Area Air Quality Management District and supplemental attachments. I also certify that I am the responsible official as defined in District Regulation 2, Rule 6.

_____
Signature of Responsible Official

_____
Print Name of Responsible Official

_____
Title of Responsible Official and Company Name

Date: _____