



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
 P.O. BOX 19506
 SPRINGFIELD, ILLINOIS 62794-9506

FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
 Page _____ of _____
 Source Designation: _____

COMPLIANCE CERTIFICATION	FOR AGENCY USE ONLY
	ID NUMBER: _____
	PERMIT #: _____
DATE: _____	

AN APPLICATION FOR A CAAPP PERMIT MUST CONTAIN A CERTIFICATION OF COMPLIANCE SIGNED BY A RESPONSIBLE OFFICIAL. THIS FORM MUST BE SUBMITTED WITH THE ORIGINAL CAAPP PERMIT APPLICATION AND UPDATED ON AN ANNUAL BASIS.

SOURCE INFORMATION	
1) SOURCE NAME: _____	
2) DATE FORM PREPARED: _____	3) SOURCE ID NO. (IF KNOWN): _____
4) CAAPP PERMIT NUMBER (IF KNOWN): _____	
5) IS THIS THE FIRST SUBMITTAL OF THIS FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHAT IS THE REPORTING PERIOD COVERED BY THIS FORM? _____ / _____ / _____ TO: _____ / _____ / _____	

SOURCE COMPLIANCE INFORMATION
6) DOES THE SIGNATORY OF THIS FORM HEREBY CERTIFY THAT THE SOURCE IS IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, EXPLAIN: _____
7) PROVIDE THE SCHEDULE FOR SUBMISSION OF COMPLIANCE CERTIFICATION DURING THE PERMIT TERM, E.G., ONCE ANNUALLY IN JANUARY (NOTE THAT SUCH CERTIFICATION MUST BE SUBMITTED NO LESS FREQUENTLY THAN ANNUALLY): _____
8) INDICATE THE COMPLIANCE STATUS OF THE SOURCE WITH ANY APPLICABLE ENHANCED MONITORING AND COMPLIANCE CERTIFICATION REQUIREMENTS OF THE CLEAN AIR ACT, E.G., NO ENHANCED MONITORING REQUIRED AND IN COMPLIANCE WITH COMPLIANCE CERTIFICATION REQUIREMENTS: _____

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE _____

Printed on Recycled Paper
 296-CAAPP

FOR APPLICANT'S USE

9b) LIST THE EMISSION UNITS THAT WERE NOT IN CONTINUOUS COMPLIANCE SINCE THE LAST REPORTING PERIOD, AND THE REASON(S) FOR NONCOMPLIANCE (IF ADDITIONAL SPACE IS NEEDED, ATTACH AND LABEL AS EXHIBIT 296-2.):

EMISSION UNIT	REASON(S) FOR NONCOMPLIANCE

COMPLIANCE INFORMATION

10) SUMMARY OF METHODS USED TO DETERMINE COMPLIANCE:

a) DESCRIPTION OF TESTING METHODS USED TO DEMONSTRATE COMPLIANCE (IF ADDITIONAL SPACE IS NEEDED, ATTACH AND LABEL AS EXHIBIT 296-3.):

10b) DESCRIPTION OF MONITORING PROCEDURES USED TO DEMONSTRATE COMPLIANCE, INCLUDING ANY ENHANCED MONITORING REQUIREMENTS OF THE ACT (IF ADDITIONAL SPACE IS NEEDED, ATTACH AND LABEL AS EXHIBIT 296-4.):

c) DESCRIPTION OF RECORDKEEPING USED TO DEMONSTRATE COMPLIANCE (IF ADDITIONAL SPACE IS NEEDED, ATTACH AND LABEL AS EXHIBIT 296-5.):

10d) DESCRIPTION OF REPORTING USED TO DEMONSTRATE COMPLIANCE (IF ADDITIONAL SPACE IS NEEDED, ATTACH AND LABEL AS EXHIBIT 296-6.):

SIGNATURE BLOCK

NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.

11) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

AUTHORIZED SIGNATURE:

BY:

AUTHORIZED SIGNATURE

TITLE OF SIGNATORY

TYPED OR PRINTED NAME OF SIGNATORY

_____/_____/_____

DATE