

Butte County

Air Quality Management District

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928
TELEPHONE: (530) 332-9400 FAX: (530) 332-9417

Certification of Compliance Title V Operating Permit

Facility Name: _____

Address: _____

Title V Permit Number: _____

Reporting Period: _____

I hereby certify that I am a Responsible Official for the above named facility as defined in 40 Code of Federal Regulations, Part 70.2. I further certify that, based on information and belief formed after reasonable inquiry, the statements and information in this certification are true, accurate, and complete.

Name (Print/Type): _____

Title: _____

(Signature): _____ Date: _____