



Air Pollution Control District  
San Luis Obispo County

**EMISSIONS INVENTORY INFORMATION  
For Inventory Year-2021**

**FORM 1: DATA CERTIFICATION**

Please review and correct, if necessary, all fields on both enclosed forms and retain a copy for your records. Print your name and sign the forms in the spaces provided at the bottom. Submit completed forms by the due date stated in the cover letter to avoid possible penalties. Completed forms may be mailed, faxed to (805) 781-1002, or scanned and emailed to ei@slocleanair.org. Call (805) 781-5912 if you have any questions.

**A. Emission Inventory Data (Please provide required corrections in the section provided on both sheets)**

Facility ID (see cover letter)		Facility Name	
Equipment Address *			
Emissions Inventory Contact (Submit page 2 if corrections are needed)			
Forms Required			
Download forms from: <a href="http://slocleanair.org/DownloadableForms">slocleanair.org/DownloadableForms</a>			

\*Note: Ensure the Equipment Address is the location where the equipment or process is located.

- B. Facility contact information on page 2 has been reviewed and corrected, as needed.      Yes  No
- C. Is trade secret data included? (If yes, attach explanation)      Yes  No
- D. Are there any **NEW** air emission sources      Yes  No   
(If yes, describe in Remarks box below.)
- E. Are there any emission sources no longer in service?      Yes  No   
(If yes, write permit number in Remarks box below.)
- F. Are the required forms submitted or enclosed?      Yes  No

Remarks:

**California Health and Safety Code sections 40701 and 42303 authorize the District to collect data needed to estimate pollutant emissions from any owner or operator of an air pollution source. To avoid possible penalties, please provide the requested data by the due date.**

I, \_\_\_\_\_ (*Clearly Print Name*), certify that the data provided above and in all attachments is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility Contact Information – Please review**

If corrections are required record them below and submit this page with your Form 1: Data Certification. Facility, Inspection, Emissions Inventory, and Accounting contacts will be assumed to be the Owner unless otherwise noted. Please provide contact name, mail address, phone number (w-work, c-cell, f-fax), and email address for each contact type.

Facility #	Facility Name:	
<b>Owner</b>	<b>On File</b>	<b>Corrections to be made</b>
<b>Facility Contact</b>		
<b>Inspection Contact</b>		
<b>Emissions Inventory Contact (EI)</b>		
<b>Accounting Contact</b>		

I, \_\_\_\_\_ (*Clearly Print Name*), certify that the contact information provided above is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_