



Air Pollution Control District
San Luis Obispo County

DATA CERTIFICATION FORM For Inventory Year - 2024

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 contact corrections on page 2.)

Facility ID		Site ID	
Facility Name			
Equipment Address*			
Emissions Inventory Contact (Name, Mailing Address, Phone, and e-mail)			
Required Forms			
Download forms from: slocleanair.org/DownloadableForms			

*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? *(If yes, describe in Remarks box below.)* Yes ___ No ___
- E. Are there any emission sources no longer in service?
(If yes, write permit number in Remarks box below.) Yes ___ No ___
- F. Are the required forms submitted or enclosed? Yes ___ No ___

Remarks:

Under California Health and Safety Code sections 40701 and 42303 the District has the right to request data needed to estimate pollutant emissions. Consequently, you are obligated to provide all requested data by the due date. This data is also requested under the authority of the Air Toxics Hot Spots program. The data may be used to determine permit renewal fees. Failure to provide complete data by the due date may result in fines or penalties.

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:	
	On File	Corrections to be made	
Owner			
Facility Contact			
Inspection Contact			
Emissions Inventory Contact (EI)			
Accounting Contact			

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

Signature: _____ Date: _____