

EMISSION
YEAR

20__

CEIDARS 2.5 CERTIFICATION

FORM

CER

COMPANY NO. [] [] [] [] FACILITY NO. [] [] [] [] [] [] [] []

COMPANY NAME

MAILING ADDRESS

CITY ST ZIP CODE

NAME OF COMPANY CONTACT

TELEPHONE FAX

EMAIL ADDRESS

FACILITY NAME

ADDRESS - PHYSICAL LOCATION

CITY ST ZIP CODE

NAME OF FACILITY CONTACT

TELEPHONE FAX

EMAIL ADDRESS

SMALL BUSINESS EXEMPTION for STATE AIR TOXIC FEES (AB2588)

This section must be completed to claim small business status.

Criteria for small business exemption:
A small business is a facility with 10 or less employees and gross receipts of \$1,000,000 or less and companies California total gross receipts of \$5,000,000 or less.

Small Business Criteria	This Facility	State of California	National
Number of Employees			
Annual Gross Receipts			
Less than \$ 1,000,000			
\$ 1,000,000 to \$ 5,000,000			
More than \$ 5,000,000			

CERTIFICATION

(Please print or type)

I, _____, a responsible official
(Name of Official)

of _____, hereby certify that,
(Name of Facility)

based upon information and belief formed after reasonable inquiry, the attached information, consisting of the

emission inventory data is true, accurate and complete. Executed this _____ day of

(Day)

_____, _____ at _____.

(Month)

(Year)

(County and State)

(Signature)

(Name - print or type)

(Title - print or type)

DATE RECEIVED BY DISTRICT

INITIALS _____

DATE: _____