

EMISSION YEAR 20 __ __	CEIDARS II CEIP & CEIR UPDATE SURVEY COMPANY [][][][] FACILITY [][][][][]	FORM UDS SIDE 2
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D. The following questions must be answered if this facility does not want to complete and submit a 2017 Comprehensive Emission Inventory Plan and Report (CEIP & CEIR)

	QUESTIONS	YES	NO
1	Did this facility operate during the past emission (calendar) year?		
2	Did any new or modified processes begin emitting during the past emission (calendar) year?		
3	What is the last emission year this facility submitted a CEIR? What is the last emission year this facility submitted a CEIP?		
4	Have any process feed rates been altered (increased and/or decreased) so as to cause a 10 percent or greater change (increase and/or decrease) in any emissions?		
5	Have any other process conditions been altered/modified, i.e. basic equipment, control devices, feed material, temperature, pressure, retention time, etc. so as to cause a 10 percent or greater change (increase and/or decrease) in any air emissions?		
6	Has the distance to any receptor decreased since the previous update?		
7	Based upon the SIC for this facility, is this facility required to updates its CEIP & CEIR?		
8	Can the District use a previous CEIP and CEIR as the latest emission year CEIP and CEIR? If yes, indicate what emission data can be used.		
9	Does this facility want to submit a current CEIP and /or CEIR?		

E. This section must be completed to claim small business status for the purpose of the Air Toxics "Hot Spots" Fees.

A small business is defined as:

- 1) a facility who has 10 or fewer full-time equivalent employees;
- 2) a facility whose total annual gross receipts are less than \$1,000,000; and
- 3) a company whose total annual California gross receipts are less than \$5,000,000

	This Facility	State of California
Number of employees		
Annual Gross Receipts *		
Less than \$ 1,000,000		
\$ 1,000,000 to \$ 5,000,000		
More than \$ 5,000,000		

* Check the appropriate box for total annual gross receipts.

F. **CERTIFICATION**
(Please print or type)

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

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

upon information and belief formed after reasonable inquiry, the above and attached information

is true, accurate and complete. Executed tl _____ day of _____ of _____
(Day) (Month) (Year)

at _____
(County and State)

(Signature)

(Name and Title)