

# Antelope Valley Air Quality Management District

## TITLE V ANNUAL COMPLIANCE CERTIFICATION

### I. CHANGE OF OWNER – IF APPLICABLE

NEW OWNER/COMPANY NAME:
Former Owner Company name:
Certification Period (12 months prior to change of ownership): _____ through _____

### II. FACILITY INFORMATION

1. FACILITY NAME:
2. FACILITY ADDRESS:
3. COMPANY NAME:
4. COMPANY ADDRESS:
5. FACILITY ID:
6. TITLE V PERMIT #:
7. THIS REPORT IS DUE:
8. THIS REPORT COVERS THE PERIOD FROM: _____ TO: _____

**III. ANNUAL COMPLIANCE CERTIFICATION REPORT**

9. COMPLIANCE STATUS FOR THE REPORTING PERIOD

- a.  This facility has been in continuous compliance with all terms and conditions in the Title V permit
- b.  This facility has been in intermittent compliance with terms and conditions in the Title V permit due to noncompliance with the following permit conditions or rules:

Permit Condition or Rule Number(s)	Device Number(s)	Date	Deviation Notice Submitted?
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached

10. THE METHODS USED FOR DETERMINING COMPLIANCE STATUS ARE:

- a.  Entirely consistent with the Title V permit
- b.  Partially consistent with the Title V permit, with the exception of: (Describe in detail how the methods used are different from those listed in the permit and to what extent the devices or operations at the facility are impacted. Attach additional pages as necessary).

11. Are there any other facts or circumstances that have been required to determine the compliance status of the facility (e.g. compliance plans, terms of a variance, or order of abatement)?

- a.  No
- b.  Yes (Explain)

**IV. RESPONSIBLE OFFICIAL SIGNATURE STATEMENT**

I declare, under penalty of perjury under the laws of the state of California, that, based on information and belief formed after reasonable inquiry, all information provided in this certification package is true, accurate, and complete.

**Signature of Responsible Official**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Name of Responsible Official (please print)**

\_\_\_\_\_

**Title of Responsible Official (please print)**

\_\_\_\_\_

Mail to:  
AVAQMD, 43301 Division St., Suite 206  
Lancaster, CA 93535-4649  
And mail to:  
EPA Region IX  
Air Division  
75 Hawthorne Street  
San Francisco, CA 94105-3901