

**San Diego County Air Pollution Control District  
 10124 Old Grove Road San Diego CA 92131-1649  
 (858) 586-2600 FAX (858) 586-2601**

**TITLE V APPLICATION  
 Certification Statement (FORM 1401-I)**

<b>Company Name</b>	<b>District Use Only</b>
_____	NEDS # _____
Facility Address: _____	SITE ID # _____
_____	

***Under penalty of perjury, identify the following: (Read each statement carefully and check each box for confirmation.)***

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Applicable               | Not<br>Applicable        |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Based on information and belief formed after reasonable inquiry, the source(s) identified in this application will continue to comply with the applicable requirement with which the source is in compliance. The applicable requirement(s) with which the source(s) is/are not in compliance is/are identified in Form 1401-L, Schedule of Compliance.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Based on information and belief formed after reasonable inquiry, the source(s) identified in this application will comply with the future-effective applicable requirement(s) on a timely basis.</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Based on information and belief formed after reasonable inquiry, the source(s) identified in the Schedule of Compliance application form that is/are not in compliance with the applicable requirement(s), will comply in accordance with the attached compliance plan schedule.</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Based on information and belief formed after reasonable inquiry, information on application forms, referenced documents, all accompanying reports, and other required certifications are true, accurate, and complete.</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>All fees required by Regulation III, Rule 40 have been paid.</i>  |

\_\_\_\_\_  
 Signature of Responsible Official

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Responsible Official

( ) \_\_\_\_\_  
 Telephone No. of Responsible Official

\_\_\_\_\_  
 Title of Responsible Official