

Account Certificate of Representation

This form is required to establish an Authorized Account Representative for compliance accounts under the CO₂ Budget Trading Program, section 22a-174-31 of RCSA.

STEP 1						
Identify the budget source(s) by plant name and ORISPL code.	Plant Name:			RIS Code:		
STEP 2	Name:					
Enter requested information for the Authorized Account Representative (AAR).	Mailing Address:					
	City/Town:	State:		Zip Code:		
	Business Phone:	ext.		Fax:		
	E-mail:					
STEP 3	Name:					
Enter requested information for the Alternate Authorized Account Representative, if applicable.	Mailing Address:					
	City/Town:	State:		Zip Code:		
	Business Phone:	ext.		Fax:		
	E-mail:					

STEP 4

Provide the name of every owner and operator of the budget sources at the plant. Identify the budget sources they own and/or operate by CO2 Budget Únit #.

Name:						
Mailing Addre	SS:					
City/Town:		State:		Zip Code:		
Business Phone:		ext.		Fax:		
E-mail:						
				1		
Name:			☐ Owner ☐ Operator			
ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	
	1	1				
Name:			☐ Owner	☐ Operator		
ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	
		•	•	•		
Name:			☐ Owner ☐ Operator			
ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	
Name:				Owner Operator		
ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	
☐ Check the	box if additiona	al sheets are n	ecessary and a	ttach them to t	his sheet.	

STEP 5

Read the certification, sign and date.

"I certify that I was selected as the CO₂ authorized account representative or alternate CO₂ authorized account representative, as applicable, by an agreement binding on the owners and operators of the CO₂ budget source and each CO₂ budget unit at the source. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CO₂ Budget Trading Program on behalf of the owners and operators of the CO₂ budget source and of each CO₂ budget unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the department or a court regarding the source or unit.

I am authorized to make this submission on behalf of the owners and operators of the CO_2 budget sources or CO_2 budget units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment."

Signature (Authorized Account Representative)	Date
Name of Authorized Account Representative	Title
Signature (Alternate Authorized Account Rep.)	Date
Name of Alternate Authorized Account Rep.	Title

Note: Please submit the completed Account Certificate of Representation form to:

MICHAEL LAFLEUR
CO₂ BUDGET TRADING PROGRAM
ENGINEERING AND ENFORCEMENT DIVISION
BUREAU OF AIR MANAGEMENT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127