

South Coast Air Quality Management District

STATEMENT OF NO CONFLICT OF INTEREST
AS AN INDEPENDENT TESTING LABORATORY

(To be completed by authorized source testing firm representative and included in source test report)

The following facility and equipment were tested by my source testing firm, and are the subjects of this Statement:

Facility ID:	_____	Date(s) Tested:	_____
Facility Name:	_____		
Equipment Address:	_____		

Equipment Tested:	_____		
Device ID, A/N, P/N:	_____		

I state, as its legally authorized representative, that the source testing firm of:

Source Test Firm: _____

Business Address: _____

is an "Independent Testing Laboratory" as defined in **District Rule 304(k)**:

For the purposes of this Rule, when an independent testing laboratory is used for the purposes of establishing compliance with District rules or to obtain a District permit to operate, it must meet all of the following criteria:

- (1) *The testing laboratory shall have no financial interest in the company or facility being tested, or in the parent company or any subsidiary thereof;*
- (2) *The company or facility being tested, or parent company or any subsidiary thereof, shall have no financial interest in the testing laboratory;*
- (3) *Any company or facility responsible for the emission of significant quantities of pollutants to the atmosphere, or parent company or any subsidiary thereof, shall have no financial interest in the testing laboratory; and*
- (4) *The testing laboratory shall not be in partnership with, own or be owned by, in part or in full, the contractor who has provided or installed equipment (basic or control), or monitoring systems, or is providing maintenance for installed equipment or monitoring systems, for the company being tested.*

Furthermore, I state that any contracts or agreements entered into by my source testing firm and the facility referenced above, or its designated contractor(s), either verbal or written, are not contingent upon the outcome of the source testing, or the source testing information provided to the SCAQMD.

Signature: _____ **Date:** _____

_____ (NAME) _____ (TITLE) _____ (PHONE) _____ (DATE)