



Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit):

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

3. This report is based on the applicable rules, permit terms and requirements as specified in Sections A through K and Appendices A and B inclusive, and any compliance plans, variances, and alternative operating conditions in effect during the permit term of the Title V Facility Permit to Operate issued on:

4. This report is due:

and covers the period from:

to:

5. This report supersedes an Annual Compliance Certification previously submitted on:

Section II - Annual Compliance Certification Report *

1. Compliance Status for the Reporting Period:

- a. This facility has been in compliance with all terms and conditions in the Title V permit as referenced in Section I.
b. This facility has been in compliance with all of the terms in the Title V permit as referenced in Section I, except non-compliance for: (Attach additional pages as needed.)

Table with 4 columns: Permit Condition Or Rule Number(s), Device Number(s), Was Form 500-C2 previously submitted for the non-compliance? (Attach additional sheets as necessary), and Yes/No response with dates.

2. The methods used for determining the compliance status are:

- a. Entirely consistent with the applicable requirements in the permit terms and conditions of the Title V permit.
b. Partially consistent with the applicable requirements in the permit terms and conditions of 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.

Large empty rectangular box for detailed description of compliance methods.

* Additional information may be required to comply with Section K Condition 24 of your Title V permit.

3. Compliance is:

- a. Continuous
- b. Intermittent

If Intermittent, describe intermittent compliance in detail. Attach additional pages as necessary.

4. 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

If Yes, Please Explain

Section III - Responsible Official Signature Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.

1. Signature of Responsible Official:	2. Title of Responsible Official:
3. Print Name:	4. Date:
5. Phone #:	6. Fax #:
7. Address of Responsible Official:	
Street # _____	City _____ State _____ Zip _____

**Mail 1st Copy to: Cher Snyder, Sr. Enforcement Manager
South Coast AQMD
P.O. Box 4941
Diamond Bar, CA 91765**

**Mail 2nd Copy to: USEPA, Region IX, Air-3
Director of Air Division
75 Hawthorne Street
San Francisco, CA 94105**