



## Air Quality Operating Permit Annual Compliance Certification

### A. Facility Identification

Montana Operating Permit Number: \_\_\_\_\_

Facility or Company Name: \_\_\_\_\_

Mailing Address (Street or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### B. Reporting Period

(The reporting period should be the one-year, or shorter period, required by your operating permit. It will be assumed that the reporting period begins and ends at Midnight (12 A.M.) local time on the dates reported, unless specified otherwise.)

Period beginning: \_\_\_\_\_ Period ending: \_\_\_\_\_

### C. Responsible Official (R.O.) Identification

(as designated in the facility's operating permit)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address (Street or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### D. Certification of Truth, Accuracy, and Completeness

(The R.O. must sign this statement after the report has been completed.)

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained herein are true, accurate and complete.

R.O. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Annual Title V Compliance Certification Guidance

The purpose of this guidance statement is to provide a template for submittal of uniform and consistent compliance certifications, and to promote consistent reviews and accurate compliance determinations by Department of Environmental Quality (Department) staff. Additionally, the guidance is intended to assist regulated facilities in completing the compliance certifications, as required by the conditions in the facilities' Operating Permits and the Montana Operating Permit Rules. The requirements for compliance certifications are codified in Title 17, Chapter 8, Subchapter 12, of the Administrative Rules of Montana (ARM 17.8.12), specifically ARM 17.8.1213. The use of the reporting formats displayed in this guidance document is voluntary, but the Department strongly encourages their use to promote uniform and consistent compliance reviews.

## Certification by Responsible Official

Each compliance and synthetic minor certification must contain a certification of truth, accuracy, and completeness signed by the “responsible official” **as designated in the company’s permit application**. The proper compliance certification statement is defined in ARM 17.8.1207, and the following language, exactly, must be included in the compliance and synthetic minor certifications: “***based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete***”. Failure to include this language will result in the Department’s disapproval of the compliance or synthetic minor certification. The definition of a responsible official can be found in ARM 17.8.1201(29). If there is a change in the designation of a responsible official, the company must notify the Department as soon as possible, and submit a request for an Administrative Amendment to their Operating Permit (if applicable) for the designation of a new responsible official. Failure to have the report signed by the correct, responsible official will result in the Department’s disapproval of the compliance or synthetic minor certification, except in extraordinary circumstances, e.g. the recent death or employment termination of the responsible official. Each affected facility is encouraged to use a certification form similar to the ones developed by the Department (see attached Title V Certification example).

## Public Documents and Confidential Information

All information submitted to the Department, except that which meets the “trade secrets” test as defined in 75-2-105 MCA, is considered public information, and this includes all the information submitted as part of the compliance certification.

## Return form to:

[deq-armb-admin@mt.gov](mailto:deq-armb-admin@mt.gov)

or

DEQ/AQB

PO Box 200901

Helena MT 59620-0901