

MARYLAND DEPARTMENT OF THE ENVIRONMENT
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 Air and Radiation Management Administration
 Air Quality Compliance Program
 410-537-3220

FORM 1:

GENERAL FACILITY INFORMATION
EMISSIONS CERTIFICATION REPORT

Calendar Year: _____

A. FACILITY IDENTIFICATION				Do Not Write in This Space	
Facility Name				Date Received Regional	
Address				Date Received State	
City	County	Zip Code		AIRS Code	
B. Briefly describe the major function of the facility				FINDS Code	
				SIC Code	
				Facility Number:	
				TEMPO ID:	
C. SEASONAL PRODUCTION (% if applicable)				Reviewed by:	
<u>Winter</u> (Dec.-Feb.)	<u>Spring</u> (Mar – May)	<u>Summer</u> (Jun – Aug)	<u>Fall</u> (Sept – Nov)		
_____	_____	_____	_____	Name	Date
D. Explain any increases or decreases in emissions from the previous calendar year for each registration at this facility.					
E. CONTROL DEVICE INFORMATION (for NOx and VOC sources only)					
Control Device	Capture Efficiency		Removal Efficiency		

I am familiar with the facility and the installations and sources for which this report is submitted. I have personally examined the information in this report, which consists of ____ pages (including attachments), and certify that the information is correct to the best of my knowledge.

 Name (Print/Type) Title Date

 Signature Telephone