

**FORM 2:**

**CRITERIA AIR POLLUTANTS  
EMISSIONS CERTIFICATION REPORT**

Calendar Year: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Pollutant: \_\_\_\_\_

Equipment Description/ Registration No.	SCC Number	Fuel	Actual Emissions		Operating Schedule (Actual)				TOSD	Operating Schedule		Emissions Methods	
			Tons/yr	Lbs/day	Hrs/dy	Dys/wk	Wk/yr	Days/yr	Lbs/dy	Hrs/dy	Start		End
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