



ALBUQUERQUE ENVIRONMENTAL HEALTH DEPARTMENT - AIR QUALITY PROGRAM

PHYSICAL ADDRESS: 1 CIVIC PLAZA NW, 3RD FLOOR, ROOM 3047, ALBUQUERQUE, NM, 87102

MAILING ADDRESS – P.O. BOX 1293, ALBUQUERQUE, NM, 87103

(505) 768 - 1972 (VOICE)

1-800-659-8331 (NEW MEXICO RELAY)

(505) 768 - 1977 (FAX)

Website: <http://www.cabq.gov/airquality/>

Email Address: aqdei@cabq.gov



2013 Annual Air Emission Inventory Certification Form

The requirement of EPA's Cross-Media Electronic Reporting Rule (CROMERR), applies to States and Local Agencies that choose to receive reports and documents from facilities through the Internet. The requirements of the rule provide for electronic reporting under authorized state and local government programs, apply to the governmental entities administering the authorized programs, and to facilities that submit data through the Internet to those governmental entities. If on-line reporting is offered by the state or local agency, an EPA-approved electronic signature process must be in place. Alternatively, on-line reporting can be followed up by the submission of a certified document (on diskette, compact disk, or digital video disk, or by facsimile, or paper report) containing the same information that was submitted on-line.

Currently, the City of Albuquerque, Environmental Health Department, Air Quality Program (AQP) on-line reporting system does not have an approved electronic signature system. Therefore, we are required to receive from reporting facilities a certified document in addition to the data submitted on-line.

By having to submit the Copy of Record/detail report on CD/DVD or printout, you can also submit your supporting documentation along with the detailed report. We hope you take advantage of this option.

Please sign the certification statement below and mail this form with the CD /DVD or printout to:

**Environmental Health/Air Quality Program,
Emission Inventory Program**

P.O. Box 1293

Albuquerque, NM 87103

Pursuant to 20.11.41.14.C.(4) NMAC, I, the undersigned, am the Responsible Official (owner, or operator, or a responsible official or designated representative) and attest that the statements and information contained in the emissions report are true and accurate to my best knowledge and belief.

Facility Name: _____

Responsible Official: _____ (Please Print)

Title: _____

Telephone Number: (____)____ - _____ **EXT:** _____

Signature: _____ **Date** ____/____/____