

Air Toxics Certification Form-15c

This form must be completed and submitted to the Santa Barbara County Air Pollution Control District (District) with all health risk assessment (HRA) reports, including HRA reports for new source review, AB 2588 and CEQA. This form must also be completed and submitted to the District with all AB 2588 Air Toxics Emission Inventory Plans (ATEIPs), Air Toxics Emission Inventory Reports (ATEIRs), and Risk Reduction Audits and Plans (RRAPs).

1. STATIONARY SOURCE INFORMATION	
Stationary Source Name:	SSID:
Indicate the type of document for which this form	is being completed:
Health Risk Assessment Report	Air Toxics Emission Inventory Plan
Air Toxics Emission Inventory Report	Risk Reduction Audit and Plan
Document Name and Date:	
2. Preparer Statement	
The person who prepared the document must sign owner/operator or a third party consultant/authoriz	
I,Print name of person who prepared	, prepared the document the document
referenced above and hereby attest, under penalty accuracy of all statements and information in the d	of perjury and pursuant to H&SC Section 44381, to the ocument referenced above.
Signature:	Date:
3. Notice of Certification	
The certification below must be signed by the responder third party consultants/authorized agents will n	onsible official for the stationary source. Signatures from tot be accepted.
I,	, am employed by or represent
Print name of responsible of	ficial
Print name of business,	corporation, company, or agency
statements and information in the document referen	above has been submitted according to District Policy &
Signature:	Date: