



Account Certificate of Representation

This form is required to establish an Authorized Account Representative for compliance accounts under the CO₂ Budget Trading Program.



STEP 1

Identify the budget source(s) by plant name and ORISPL code.

Plant Name	ORIS Code
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STEP 2

Enter requested information for the Authorized Account Representative (AAR).

Name	
Address	
Phone Number	Fax Number
E-mail Address	

STEP 3

Enter requested information for the Alternate Authorized Account Representative, if applicable.

Name	
Phone Number	Fax Number
E-mail Address	

STEP 4

Provide the name of every owner and operator of the budget sources at the plant. Identify the budget sources they own and/or operate by CO₂ Budget Unit #.

Name				~ Owner	~ Operator
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Name				~ Owner	~ Operator
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Name				~ Owner	~ Operator
ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#

Plant Name (from Step 1)

STEP 5
Read the certification,
sign and date.

I certify that I was selected as the CO₂ authorized account representative or alternate CO₂ authorized account representative, as applicable, by an agreement binding on the owners and operators of the CO₂ budget source and each CO₂ budget unit at the source. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CO₂ Budget Trading Program on behalf of the owners and operators of the CO₂ budget source and of each CO₂ budget unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the department or a court regarding the source or unit.

I am authorized to make this submission on behalf of the owners and operators of the CO₂ budget sources or CO₂ budget units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signature (Authorized Account Representative)	Date
Signature (Alternate Authorized Account Representative)	Date

Mailing Instructions

Mail this form to the Department at the following address:

New Hampshire Dept. of Environmental Services
Air Resources Div.
29 Hazen Drive, P.O. Box 95
Concord, NH 03302-0095

Attn: Joe Fontaine, CO₂ Budget Trading Program Manager
Phone: 603-271-6794