Permit Services Division
Bay Area Air Quality Management District
939 Ellis Street, San Francisco, CA 94109 · 749-4990

Major Facility Review Compliance Certification Schedule

FACILITY NAME: _____ **FACILITY #:** _____

In numerical order, list all sources that have federally enforceable requirements for compliance certification on a more frequent basis than once per year.

Source #	Applicable Requirement	Frequency

I certify that compliance certifications will be submitted for the above sources on the stated schedule. I also certify that compliance certifications will be submitted for all other sources on an annual basis.

_____
Date