



Connecticut Department of  
Energy & Environmental Protection  
Bureau of Air Management  
Engineering & Enforcement Division

## Compliance Certification Form For Emissions Test Results

Please complete and submit this Certification Form for each test report. Please duplicate Parts III - VI of this form for each *individual* piece of equipment as necessary.

Test reports must be submitted electronically to: [DEEP.SEM@ct.gov](mailto:DEEP.SEM@ct.gov) with this Compliance Certification Form and all supporting documents. Hardcopies of each test report and this Compliance Certification Form may also be sent to the SEM unit but are required only if the test report *exceeds 50 pages*. These can be sent to:

**Source Emissions Monitoring  
Bureau of Air Management  
Dept. of Energy & Environmental Protection  
79 Elm Street  
Hartford, CT 06106-5127**

For RATA reports, please complete and submit the "[Compliance Certification for CEMS RATA Results](#)" Form.

Part I: Company Information			
Company Name:			
Site/Premises Name (If different than above):			
Authorized Company Contact Name:		Title:	

Part II: Emissions Test Contractor Information	
Name of Testing Firm:	
Project Manager Name:	

### Part III: Equipment Information

<b>ITT No:</b> (Issued by CT DEEP at the time an ITT Form is received and logged)			
<b>Equipment Name:</b>		<b>Equipment No.:</b>	
<b>License<sup>1</sup> No.:</b>		<input type="checkbox"/> NSR <input type="checkbox"/> Enforcement Order <input type="checkbox"/> Registration <input type="checkbox"/> Unlicensed	

### Part IV: Test Completion Date(s)

<b>Start Date:</b>		<b>Completion Date:</b>	
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### Part V. Test Requirements Checklist

<b>a.) Was all process data for each test run included in the report appendix to confirm that load requirements were met?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Incomplete	
<b>b.) Was the air pollution control process information included in the report appendix?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Incomplete	
<b>c.) Was a fuel sample taken? F<sub>d</sub> =?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>d.) Were emissions calculated and verified using the equations as set forth in the Test Method?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e.) Were emissions calculated and verified using more than one methodology?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>f.) Were there any upsets or interruptions of the emissions testing? (<i>Attach results of initial run to this form. Please refer to SEM Test Guidelines Section 6.</i>)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>g.) If the test was stopped or discontinued, was the CT DEEP or EPA notified? When? (<i>Please refer to SEM Test Guidelines Section 6.</i>)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>1</sup> License is defined in Section 4-166 of the Connecticut General Statutes.

## Part VI: Status of Compliance with Regulatory Emissions Limits as Tested

Duplicate this page as needed for *each* piece of equipment tested and attach to Form. For a pollutant that has multiple limits, use a separate row for each emissions unit (e.g. lb/hr, lb/MMBTU, etc). Compliance must be demonstrated with *each applicable limit* in each respective units.

ITT No.:  Equipment Name:  License No.:  Equipment No.:

(1)  Pollutant	(2)  Applicable Emissions Limit Pursuant to NSR Permit; RCSA; 40 CFR Part 60, 63 with Units	(3)  Test Method & Duration	(4)  Test Load Averaged Over Accepted No. of Test Runs with Units (for each Fuel Type)	(5)  Testing Performed Equal to or Greater than 90% of Required Test Load?	(6)  Test Results – Averaged Over Accepted No of Test Runs with Units	(7)  Compliance Demonstration for Each Applicable Limit
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Part VII: Certification**

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the Commissioner without alteration of the text.”

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signatory (Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Testing Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Testing Contractor (Print or Type)

\_\_\_\_\_  
Date

**Attachment 1**

**Test Report**

Draft