This submission is:



Certificate of Representation

Revised

Page 1

STEP 1 Identify the source by plant name, State, and

ORIS code from NADB

Plant Name University of Florida

X New

For more information, see instructions and refer to 40 CFR 72.24

FL 7345 State ORIS Code

STEP 2
Enter requested information for the designated representative

Name	Patricia K. Blizzard		• • • • • • • • • • • • • • • • • • •		
Address Florida Power Corporatio 3201 - 34th Street South St. Petersburg, FL 3371		MAC H2G			
Phone Nu	mber (813) 866-4298	Fax Number	(813) 866-4926		

STEP 3
Enter requested information for the alternate designated representative (optional)

Name ,	James	R.	Stitt			· .	
Address	3201	- 3	Power Corporat 4th Street Sour rsburg, FL 33	th, MAC C2A		,	
Phone Nu	mber	(81	3) 866-5770	Fax Numb	er (813)	866-5914	

STEP 4
Complete Step 5, read
the certifications and
sign and date

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have given notice of the agreement, selecting me as the designated representative or alternate designated representative, as applicable for the affected source and each affected unit at the source identified in this certificate of representation, daily for a period of one week in a newspaper of general circulation in the area where the source is located or in a State publication designed to give general public

Log # 59

Clerk 1 ABA)

Date 3/22/44

Clerk 2 &C

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source

and that each such owner and operator shall be fully bound by my actions, inactions, or submissions.

I certify that I shall abide by any fiduciary responsibilities imposed by the agreement by which I was selected as designated representative or alternate designated representative, as applicable.

Date 10/25/

I certify that the owners and operators of the affected source and of each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

Trans. #

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

Note: OK-approved

I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

Log Clerk KS

Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances by contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

The agreement by which I was selected as the alternate designated representative includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

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*			
Plant Name (from Step 1)	University	of	Florida

Certification

I am authorized to make this submission on behalf of the owners and operators of the affected source or affected 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.

Patricia Y. Blygand Signature (designated representative)		, .	Dec 93
Signature (alternate)	-		12/1/83 Date / 83

Signature (al	ternate)	·			12/1/ Date	183
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Certificate of Representation

Page 1

For more information, see instructions and refer to 40 CFR 72.24

This submission is: X New

Identify the source by plant name, State, and ORIS code from NADB

University of Florida Plant Name

7345 ORIS Code

STEP 2 Enter requested information for the designated representative

Patricia K. Blizzard Name Address Florida Power Corporation 3201 - 34th Street South, MAC H2G St. Petersburg, FL 33711 Fax Number (813) 866-4926 (813) 866-4298 Phone Number

STEP 3 Enter requested information for the alternate designated representative (optional)

Name	James R. Stitt		100				
Address	Florida Power Corporation 3201 - 34th Street South, St. Petersburg, FL 33711	MAC	C2A		1		
Phone Nu	_{mber} (813) 866-5770	Fax	Number	(813)	866-	5914	I.

STEP 4 Complete Step 5, read the certifications and sign and date

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected

Date Loa# I certify that I have given notice of the agreement, selecting me as the designated representative or alternate designated representative, as applicable for the affected source and each affected unit at the source identified in this certificate of representation, daily for a period of one week in a newspaper of general circulation in the area where the source is located or in a State publication designed to give general public

Clerk 1

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source and that each such owner and operator shall be fully bound by my actions, inactions, or submissions.

Date

I certify that I shall abide by any fiduciary responsibilities imposed by the agreement by which I was selected as designated representative, as applicable.

Clerk 2

I certify that the owners and operators of the affected source and of each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the

Date

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

Trans. #

I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

Note: OK - approved

Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances by contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

The agreement by which I was selected as the alternate designated representative includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

EPA Form 7610-1 (11-92)

Certificate -	Page	2
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Plant Name (from Step 1) University of Florida

Pana	1	of	1	

Certification

I am authorized to make this submission on behalf of the owners and operators of the affected source or affected 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.

Patricia Y. Blygand Signature (designated papersentative)	Lec 95 Date
Signature (alternate)	12/1/93 Date

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STEP 1 Identify the source by plant name, State, and ORIS code from NADB

STEP 2 Enter requested information for the designated representative

STEP 3
Enter requested
information for the
alternate designated
representative
(optional)

STEP 4
Complete Step 5, read
the certifications and
sign and date

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Clerk 2
Date
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EPA Form 7610-1 (11-92)

United States Environmental Protection Agency Acid Rain Program

Certificate of Representation,

For more information, see instructions and refer to 40 CFR 72.24

This submission is: New X Revised

Air Regulation

OMB No. 2060-0221

Plant Name University of Florida FL 7345
ORIS Code

Name	W. Jeffrey Pardue				
Address	Florida Power Corporati 3201 - 34th Street Sout St. Petersburg, FL 337	h, MAC H2G			·
Phone Num	ber (813) 866-4387	Fax Number	(813) 86	56-4926	

Name		j			
Address					
Phone Number	-	· · · · · · · · · · · · · · · · · · ·	Fax/Number		, , , , , , , , , , , , , , , , , , ,

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have given notice of the agreement, selecting me as the designated representative or alternate designated representative, as applicable for the affected source and each affected unit at the source identified in this certificate of representation, daily for a period of one week in a newspaper of general circulation in the area where the source is located or in a State publication designed to give general public notice.

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source and that each such owner and operator shall be fully bound by my actions, inactions, or submissions.

I certify that I shall abide by any fiduciary responsibilities imposed by the agreement by which I was selected as designated representative or alternate designated representative, as applicable.

I certify that the owners and operators of the affected source and of each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances by contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

The agreement by which I was selected as the alternate designated representative includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

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Regulatory Authorities



Certificate of Representation

Page 1

For more information, see instructions and refer to 40 CFR 72.24

This submission is: New X Revised

STEP 1
Identify the source by plant name, State, and ORIS code from NADB

STEP 2 Enter requested Information for the designated representative

STEP 3
Enter requested
Information for the salternate designated representative (optional)

STEP 4 Complete Step 5, read the certifications and sign and date

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Clerk 1 2Ha
Date 11/22/94
Clerk 2 &C
Date 11/30/94
Trans. #
Note: New affected
Log Clerk.

Plant Name University o	f Florida	FL State	7345 ORIS Code

Name	W. Jeffrey Pardue		<u> </u>		
Address	Florida Power Corporation 3201 - 34th Street South, St. Petersburg, FL 33711				
Phone Num	ber (813) 866-4387	Fax Number		866-4926	स्था के के किस का का का किस के कि

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I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

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Regulatory Authorities