



# Certificate of Representation

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

This submission is:  New  Revised (revised submissions must be complete; see instructions)

This submission includes combustion or process sources under 40 CFR part 74

### STEP 1

Identify the source by plant name, State, and ORIS code.

|            |                            |       |    |           |     |
|------------|----------------------------|-------|----|-----------|-----|
| Plant Name | Port Everglades<br>0110036 | State | FL | ORIS Code | 617 |
|------------|----------------------------|-------|----|-----------|-----|

### STEP 2

Enter requested information for the designated representative.

|                               |   |            |              |  |  |
|-------------------------------|---|------------|--------------|--|--|
| Name                          | Nancy Kierspe, Manager Environmental Services                           |            |              |  |  |
| Address                       | P. O. Box 14000<br>700 Universe Blvd.<br>Juno Beach, Florida 33408-0420 |            |              |  |  |
| Phone Number                  | 561-691-2930  | Fax Number | 561-691-2695 |  |  |
| E-mail address (if available) | nancy_kierspe@fpl.com   |            |              |  |  |

12-29-03  
✓ Done.  
Bm

### STEP 3

Enter requested information for the alternate designated representative, if applicable.

|                               |  |            |              |  |  |
|-------------------------------|--|------------|--------------|--|--|
| Name                          | Adalberto Alfonso, Vice President, Operations & Technical Services |            |              |  |  |
| Phone Number                  | 561-691-2900   | Fax Number | 561-691-2606 |  |  |
| E-mail address (if available) | adalberto_alfonso@fpl.com  |            |              |  |  |

12-29-03  
✓ Done.  
Bm

### STEP 4

Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

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' for the affected source and each affected unit at the source identified in this certificate of representation, 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, if applicable, 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.

Plant Name (from Step 1) **Port Everglades**

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.

|  |                  |
|--|------------------|
| <i>Tom Kerspe</i><br>Signature (designated representative)               | 10/7/02<br>Date  |
| <i>Edallait Olyun</i><br>Signature (alternate designated representative) | 10/11/02<br>Date |

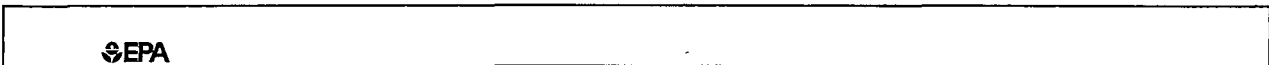
**STEP 5**  
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) they own and/or operate.

|   |                  |                  |                  |     |                                |                                   |
|---|------------------|------------------|------------------|-----|--------------------------------|-----------------------------------|
| Name <b>Florida Power &amp; Light Company</b> |                  |                  |                  |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID# <i>PPE 1</i>                              | ID# <i>PPE 2</i> | ID# <i>PPE 3</i> | ID# <i>PPE 4</i> | ID# | ID#                            | ID#                               |
| ID#   | ID#              | ID#              | ID#              | ID# | ID#                            | ID#                               |

|      |     |     |     |     |                                |                                   |
|------|-----|-----|-----|-----|--------------------------------|-----------------------------------|
| Name |     |     |     |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID#  | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| ID#  | ID# | ID# | ID# | ID# | ID#                            | ID#                               |

|      |     |     |     |     |                                |                                   |
|------|-----|-----|-----|-----|--------------------------------|-----------------------------------|
| Name |     |     |     |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID#  | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| ID#  | ID# | ID# | ID# | ID# | ID#                            | ID#                               |

|      |     |     |     |     |                                |                                   |
|------|-----|-----|-----|-----|--------------------------------|-----------------------------------|
| Name |     |     |     |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID#  | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| ID#  | ID# | ID# | ID# | ID# | ID#                            | ID#                               |





# Certificate of Representation

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

This submission is:  New  Revised

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

|            |                             |       |    |           |     |
|------------|-----------------------------|-------|----|-----------|-----|
| Plant Name | Port Everglades Power Plant | State | FL | ORIS Code | 617 |
|------------|-----------------------------|-------|----|-----------|-----|

**STEP 2**  
Enter requested  
information for the  
designated  
representative

|              |   |            |              |  |  |
|--------------|---|------------|--------------|--|--|
| Name         | William Muly Reichel, Manager, Operation Services                 |            |              |  |  |
| Address      | P.O. Box 14000<br>700 Universe Blvd.<br>Juno Beach, Florida 33408 |            |              |  |  |
| Phone Number | 407-691-2870  | Fax Number | 407-691-2855 |  |  |

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

|              |   |            |              |  |  |
|--------------|---|------------|--------------|--|--|
| Name         | Antonio Rodriguez, Vice President, Operations                     |            |              |  |  |
| Address      | P.O. Box 14000<br>700 Universe Blvd.<br>Juno Beach, Florida 33408 |            |              |  |  |
| Phone Number | 407-691-2900  | Fax Number | 407-691-2606 |  |  |

**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 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.

*NA* 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:

*NA* 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

*NA* 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.

*NA* 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.

Plant Name (from Step 1) **Port Everglades Power Plant**

**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.

|   |                           |
|---|---------------------------|
| Signature (designated representative) <i>William M. ...</i> | Date <b>Oct. 29, 1993</b> |
| Signature (alternate) <i>A. ...</i>                         | Date <b>Nov. 2, 1993</b>  |

**STEP 5**  
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

|   |           |           |           |     |                                |                                   |
|---|-----------|-----------|-----------|-----|--------------------------------|-----------------------------------|
| Name <b>Florida Power &amp; Light Company</b> |           |           |           |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID# PPE 1                                     | ID# PPE 2 | ID# PPE 3 | ID# PPE 4 | ID# | ID#                            | ID#                               |
| ID#   | ID#       | ID#       | ID#       | ID# | ID#                            | ID#                               |
| Regulatory Authorities                        |           |           |           |     |                                |                                   |

|                        |     |     |     |     |                                |                                   |
|------------------------|-----|-----|-----|-----|--------------------------------|-----------------------------------|
| Name                   |     |     |     |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID#                    | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| ID#                    | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| Regulatory Authorities |     |     |     |     |                                |                                   |

|                        |     |     |     |     |                                |                                   |
|------------------------|-----|-----|-----|-----|--------------------------------|-----------------------------------|
| Name                   |     |     |     |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID#                    | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| ID#                    | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| Regulatory Authorities |     |     |     |     |                                |                                   |

|                        |     |     |     |     |                                |                                   |
|------------------------|-----|-----|-----|-----|--------------------------------|-----------------------------------|
| Name                   |     |     |     |     | <input type="checkbox"/> Owner | <input type="checkbox"/> Operator |
| ID#                    | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| ID#                    | ID# | ID# | ID# | ID# | ID#                            | ID#                               |
| Regulatory Authorities |     |     |     |     |                                |                                   |

Published Daily  
Fort Lauderdale, Broward County, Florida  
Boca Raton, Palm Beach County, Florida

STATE OF FLORIDA  
COUNTY OF BROWARD/PALM BEACH

Before the undersigned authority personally appeared [Signature]  
who on oath says that he is \_\_\_\_\_

Classified Supervisor \_\_\_\_\_ of the Sun-Sentinel, daily newspaper published  
in Broward/Palm Beach County, Florida that the attached copy of advertisement, being a  
Notice

in the matter of John M. Lindsay

\_\_\_\_\_ in the \_\_\_\_\_ Court

was published in said newspaper in the issues of \_\_\_\_\_  
January 12, 1994

Affiant further says that the said Sun-Sentinel is a newspaper published in said Broward/Palm Beach County, Florida, and that the said newspaper has heretofore been continuously published in said Broward/Palm Beach County, Florida, each day, and have been entered as second class matter at the post office in Fort Lauderdale, in said Broward County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement, and affiant says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in said newspaper.

[Signature]  
(Signature of Affiant)

Sworn to and subscribed before me this 13th day of January, 1994

[Signature]  
(Signature of Notary Public)



TARA L. BEZAK  
MY COMMISSION # CC205690 EXPIRES  
July 20, 1997  
BONDED THRU TROY FAIR INSURANCE, INC.

(Name of Notary typed, printed or stamped)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

**NOTICE**  
Notice is hereby given that Florida Power & Light Company has appointed William M. Reichel as the Designated Representative for the Port Everglades Power Plant replacing John M. Lindsay. As the Designated Representative, William M. Reichel has all the necessary authority to carry out the responsibilities of the acid rain program under the Clean Air Act Amendment of 1990 on behalf of Florida Power & Light Company.  
This Notice was made in accordance with the Clean Air Act Amendments of 1990, 42 USCA section 7401 et. seq. and applicable regulations promulgated thereto by the United States Environmental Protection Agency.  
/s/ Robert B. Bergstrom  
Attorney  
January 12, 1994