This submission is: New X Revised



Certificate of Representation

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

Page 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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Plant Name	Crystal	River	· · · · · · · ·		,	State	1 L	ORIS Code

Name	W. Jeffrey Pardue				
Address	Florida Power Corporatio 3201 - 34th Street South St. Petersburg, FL 3371	, MAC H2G			
Phone Num	nber (813) 866-4387	Fax Number	(813)	866-4926	

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Name		 		
Address				
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Phone Numbe) er /, ,		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

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

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, 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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Plant Name (from Step 1)	Crystal	River			Page Tof T
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Regulatory Authorities

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



Certificate of Representation

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

Page 1

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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Date 11/14/94
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This submission is: New X Revised	•	•		. •
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Plant Name Anclote		State	L 8048	3 ode

Name	W. Jeffrey Pardue			
Address	Florida Power Corporat 3201 - 34th Street Sou St. Petersburg, FL 33	ith, MAC H2G		
Phone Nur	nber (813) 866-4387	Fax Number	(813) 866-4926	

Name			
Address			
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Phone Num	nber	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.

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Allowances a d 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.

	Certificate - Page	2
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Plant Name (from Step 1)	Anclote	;	

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)	Madre		Date 11/8/94
Signature (alternate)			·	Date

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

Signature (alte	rnate)				Date	
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This submission is:



Certificate of Representation

X Revised

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Page 1

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

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Plant Name	Crvstal	River		1		State	;	ORIS Code		

Name	W. Jeffrey Pardue		-	
Address	Florida Power Corporati 3201 - 34th Street Sout St. Petersburg, FL 337	h, MAC H2G		
Phone Num	nber (813) 866-4387	Fax Number	(813) 866-49	026

Name 🤸		, .		:	,		•	· · · · · · · · · · · · · · · · · · ·	. `
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Plant Name (from Step 1)	Crystal	River	

Certification

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Signature (designated representative)	Marden	· :	Date 20 Oct 1994
Signature (alternate)			Date

STEP 5 Provide the name of every owner and operator of the source and each affected unit 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. owner

Signature (desi	gnated represe	ntative)	Tand	luc .	<u> </u>	,	Date 20	Oct 1994
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