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STEP 1

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

STEP 2 Enter requested information for the designated representative.

STEP 3 Enter requested information for the alternate designated representative, if applicable.

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.

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

Plant Name Fort Myers State FL ORIS Code 612

Nancy Kierspe, Manager Environmental Services Name Address P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420 561-691-2695 Fax Number Phone Number 561-691-2930 nancy_kierspe@fpl.com E-mail address (if available) Adalberto Alfonso, Vice President, Operations & Technical Services Name 561-691-2900 Phone Number Fax Number 561-691-2606 adalberto alfonso@fpl.com E-mail address (if available)

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)

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.

		. 181.11				
NM KULTARE Signature (designated representative)				10/7/02 Date		
Signature (alternate designated representative)				Date 10/11/02		
Name F.	lorida Po	wer & Lig	ht Compan	у	Owner	Operator
ID#PFM 1	ID#PFm2	ID#FMET2F	ID#FMCTAL	FMCT2C BID#	FMCT2D	FMCT 2E
FMCT2F	PFm3A	PFm3B	ID#	ID#	ID#	ID#
		**			•	•
Name					Owner	Operator
ID#	ID#	ID#	ID#	ID#	ID#	iD#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
					<u> </u>	L i Z
Name					Owner	Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
10#1	10#	10#	10#	10#	10#	
Name		· · · · · · · · · · · · · · · · · · ·			Owner	Operator
, valle	Ì					
ID#	ID#	ID#	ID#	ID#	ID#	ID!#
ID#	ID#	ID#	ID#	ID#	ID#	ID#
					-	T

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.

SEPA

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

United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0221 Expires 6-30-95



Certificate of Representation

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

			612
Plant Name	Fort Myers Power Plant	State FL	ORIS Code

Juno Beach, Florida 33408
Address P.O. Box 14000 700 Universe Blvd.

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

Name Antonio Rodriguez, Vice Preside:	nt, Operations
P.O. Box 14000 700 Universe Bivd. 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.

- Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or N/N where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:
 - 1 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, lessehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances b 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 designate representative to act in lieu of the designated representative.

Figure 1 Plant Name (fr	ort Myers I	Power Plan	t		Certificate Page		
Certification I am authorized affected units fexamined, and attachments. I information, I caccurate, and caccurate, and caccurate, and caccurate.	or which the su am familiar with Based on my inc entify that the se complete. I am	ibmission is me h, the statemen quiry of those in statements and aware that the	de. I certify un its and informat individuals with i information are re are significan	der penalty of li tion submitted it primary respons to the best of t it penalties for t	aw the n this sibility my kn submit	at I have documen for obtai owledge tting false	personally t and all its ning the and belief true, statements and
Wil	Li M	uly Re	no information,	including the p			or imprisonmen
Signature (designated representative) Signature (alternate)					Date Nov.2, 1993		
r					·····	· 	
Name F	lorida Pow	r & Light	Company			Owner	Operator
ID# PFM 1	10# PFM 2	ID#	ID#	ID#	ID#		ID#
ID#	ID#	iD#	iD#	ID#	ID#		ID#
Regulatory Au	thorities						
Name						Owner	Operator
ID#	iD#	ID#	ID#	ID#	ID#		ID#
ID#	ID#	ID#	ID#	1D#	ID#		ID#
Regulatory Au	thorities						
Name			·			Owner	Operator
ID#	ID#	ID#	ID#	ID#	ID#		ID#
ID#	ID#	ID#	ID#	ID#	ID#	;	ID#
Regulatory Au	thorities						
Name						Owner	☐ Operator
ID#	ID#	ID#	ID#	ID#	ID#		ID#
ID#	ID#	ID#	ID#	ID#	ID#		ID#

Regulatory Authorities

EPA Form 7610-1 (11-92)

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

NEWS-PRESS

Published every morning — Daily and Sunday Fort Myers, Florida

Affidavit of Publication

Before the undersigned authority, personally appeared					
Brenda Leighton					
who on oath says that he/she is the					
Legal Coordinator of the News-Press. a					
daily newspaper, published at Fort Myers, in Lee County, Florida; that the					
attached copy of advertisement, being a Notice					
in the matter of designated representative					
for Fort Myer Power Plant					
in theCourt					
was published in said newspaper in the issues of					
November 3, 4, 5, 6, 7, 8, 9, 1993					
Affiant further says that the said News-Press is a paper of general circulation daily in Lee, Charlotte, Collier, Glades and Hendry Counties and published at Fort Myers, in said Lee County, Florida and that said newspaper has heretofore been continuously published in said Lee County; Florida, each day, and has been entered as a second class mail matter at the post office in Fort Myers in said Lee County, Florida, for a period of one year next preceding the first publication of the attached copy of the advertisement; and affiant further says that he/she 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 the said newspaper. State of Florida County of Lee					
The foregoing instrument was acknowledged before me this					
9th day of November					
Brenda Leighton					
Blenda Belghton					
who is personally known to me or who has produced					
as identification, and who did or did take an oath.					
Notary Public Challe Otto					
Print NameELLabeth R. Chilcote					
My Commission Expires:					
CLASS-16 . SALE OF CHARLES CHA					

NOTAL CE

Notice Is hereby given that Florida Power.
& Light Company has appointed William, M. Reichel, as, the Designated Representative for Fort Myers Power. Plant, replacing John M. Lindsay, As, the Designated Representative, william M. Brelichel has Mallacthe necessary, authority to carry out the responsibilities of Designated Representative on behalf of Florida Power. & Light Company, pursuant to the acid rain program of the Acid rain program of the Clean Air Act Amendments of 1990.

This notice was made in accordance with the Clean Air Act Amendments of 1990, 42 USCA (740) et seq. and applicable regulations of the United States Environmental Protection Agency.
Nov 3 fhru 9 No. 24129.