

Bruce

RECEIVED
APR 28 1995
Tone

Bureau of
Air Regulation

12 April, 1995

David McNeal
Air, Pesticides, and Toxics Management
Division - Enforcement
United States Environmental Protection Agency
345 Courtland Street, N.E.
Atlanta, GA 30365

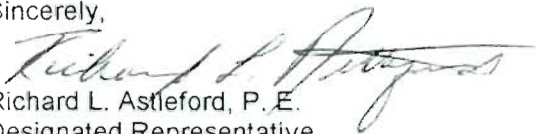
**RE: Reedy Creek Improvement District - Gas Fired Turbine with Heat Recovery System
Acid Rain Program**

Dear Mr. McNeal:

Please find enclosed a revised Certificate of Representation naming Mr. Richard L. Astleford as Designated Representative and Mr. Willard K. Smith as Alternate Designated Representative. These appointments supersede all previous designations. One original and three photocopies have been sent to Mr. Drew Willison under separate cover. Additionally, copies have been transmitted to the State of Florida Department of Environmental Protection offices in Tallahassee and Orlando.

If you have any questions please call Mr. Edward Godwin, P.E. at (407) 824-4943

Sincerely,



Richard L. Astleford, P.E.
Designated Representative
Director
Reedy Creek Energy Services, Inc.

cc: Ms. Vivian Garfein, District Director
Florida Department of Environmental Protection
Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

Mr. Clarie H. Fancy, P.E., Chief
Bureau of Air Regulation
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

12 April, 1995

Mr. Drew Willison (62045)
Acid Rain Division
United States Environmental Protection Agency
401 M Steet
Washington, D.C. 20460

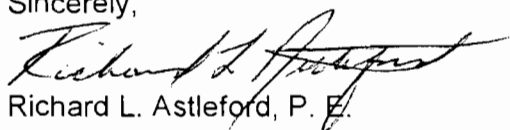
**RE: Reedy Creek Improvement District - Gas Fired Turbine with Heat Recovery System
Acid Rain Program**

Dear Mr. Willison:

Enlosed is one original and three photocopies of EPA Form 7610-1, *Certificate of Representation*, revised to reflect a change in the Designated Representative to Mr. Richard L. Astleford.

If you have any questions please call Mr. Edward Godwin, P.E. at (407) 824-4943.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard L. Astleford", with a stylized flourish at the end.

Richard L. Astleford, P. E.
Director
Reedy Creek Energy Services, Inc.
Designated Representative
Reedy Creek Improvement District



Certificate of Representation

Page 1

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

This submission is: ☐ New ☒ Revised

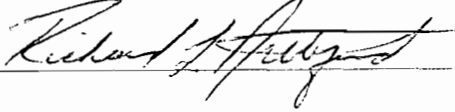
STEP 1

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

Plant Name	GAS FIRED TURBINE GENERATOR WITH HEAT RECOVERY SYSTEM	State	FL	ORIS Code	7254
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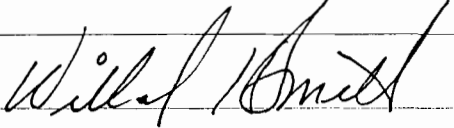
STEP 2

Enter requested information for the designated representative

Name	Richard L. Astleford	
Address	P. O. Box 10,000 Lake Buena Vista, FL 32830-1000	
Phone Number	(407) 824-4026	Fax Number (407) 824-4529

STEP 3

Enter requested information for the alternate designated representative (optional)

Name	Willard K. Smith	
Address	P. O. Box 10,000 Lake Buena Vista, FL 32830-1000	
Phone Number	(407) 560-7700	Fax Number (407) 560-7869

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 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.

GAS FIRED TURBINE GENERATOR WITH HEAT RECOVERY SYSTEM
Plant Name (from Step 1)

Certificate - Page 2

Page **2** of **2**

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>Richard L. Astleford</i>	Richard L. Astleford	Date	4/14/95
Signature (alternate)	<i>Willard K. Smith</i>	Willard K. Smith	Date	4/14/95

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						<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	
REEDY CREEK IMPROVEMENT DISTRICT							
32432							
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities							
N/A							

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

October 1, 1994

Ms. Kathryn Burylski
Acid Rain Division
United States Environmental Protection Agency
401 M Street, SW
Washington, D.C. 20460

RECEIVED

OCT 14 1994

Bureau of
Air Regulation

RE: STATUS OF THE ACID RAIN PROGRAM NATIONAL ALLOWANCE
DATA BASE - REEDY CREEK IMPROVEMENT DISTRICT

Dear Ms. Burylski:

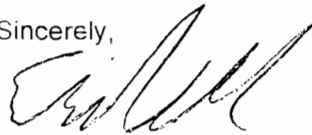
Please find attached a fully-executed revised Certificate of Representation (EPA Form 7610-1) per our telephone conversation of September 29, 1994. The revisions occur in Step 5 and are:

- Change "Name" block from:
"Reedy Creek Improvement District" to "Reedy Creek Energy Services, Inc."
- Change the block check from:
"Owner" to "Operator"
- Change the "Regulatory Authorities" block from:
"N/A" to "Reedy Creek Improvement District"

These changes are per your request and are intended to facilitate your efforts to include this "Affected Source" in the National Allowance Data Base per our original 1991 Data Change Request submission.

We appreciate your efforts to resolve this matter. Please contact me at (407) 824-4943 should you require further information.

Sincerely,



Edward Godwin, P.E.
Chief Mechanical Engineer

EG/skl

cc: Mr. Tom Moses
Reedy Creek Improvement District
Mr. Glenn A McLeod
Designated Representative
Reedy Creek Energy Services, Inc.

Mr. Willard K. Smith, P.E.
Alternate Designated Representative
Reedy Creek Energy Services, Inc.

Mr. A. Alexander, P.E.
District Director
Florida Department of Environmental Protection
Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

Mr. Claire H. Fancy, P.E., Chief
Bureau of Air Regulation
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

David McNeal
Air, Pesticides, and Toxics Management Division-Enforcement
United States Environmental Protection Agency
345 Courtland Street, N.E.
Atlanta, GA 30365



Certificate of Representation

Page 1

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	GAS FIRED TURBINE GENERATOR WITH HEAT RECOVERY SYSTEM	State	FL	ORIS Code	7254
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STEP 2

Enter requested
information for the
designated
representative

Name	Glenn A. McLeod		
Address	P.O. Box 10000 Lake Buena Vista, FL 32830-1000		
Phone Number	(407) 824-4026	Fax Number	(407) 824-4529

STEP 3

Enter requested
information for the
alternate designated
representative
(optional)

Name	Willard K. Smith		
Address	P.O. Box 10000 Lake Buena Vista, FL 32830-1000		
Phone Number	(407) 560-7700	Fax Number	(407) 560-7869

STEP 4

Complete Step 5, read
the certifications and
sign and date

Date	11-22-94
Log #	720
Clerk 1	JJUA
Date	11-22-94
Clerk 2	EC
Date	11/30/94
Trans. #	
Note:	
Log Clerk	EC

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.

GAS FIRED TURBINE GENERATOR WITH HEAT
Plant Name (from Step 1) **RECOVERY SYSTEM**

Certificate - Page 2

Page **2** of **2**

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)	Glenn A. McLeod	Date	2/24/94
Signature (alternate)	Willard K. Smith	Date	10/5/94

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 Reedy Creek Energy Services, Inc.						<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 32432	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities Reedy Creek Improvement District							

Name Reedy Creek Improvement District						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 32432	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							



Certificate of Representation

Page 1

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	GAS FIRED TURBINE GENERATOR WITH HEAT RECOVERY SYSTEM	State	FL	ORIS Code	7254
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STEP 2
Enter requested
information for the
designated
representative

Name	Glenn A. McLeod				
Address	P. O. Box 10,000 Lake Buena Vista, FL 32830-1000				
Phone Number	(407) 824-4026		Fax Number	(407) 824-4529	

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

Name	Willard K. Smith				
Address	P. O. Box 10,000 Lake Buena Vista, FL 32830-1000				
Phone Number	(407) 560-7700		Fax Number	(407) 560-7869	

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

Date	8/30/94
Log #	577
Clerk 1	
Date	
Clerk 2	
Date	
Trans. #	
Note:	replaced by # 720
Log Clerk	

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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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.

Gas Fired Turbine gGenerator with Plant Name (from Step 1) Heat Recovery System
--

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)	Glenn A. McLeod	Date	13 Aug 94
Signature (alternate)	Willard K. Smith	Date	8/19/94

STEP 5

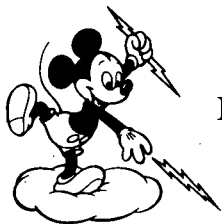
Provide the name of every owner and operator of the source and each affected unit at the source. Identify the units they own and/or operate by boiler ID# from NADB. For owners only, identify each state or local utility regulatory authority with jurisdiction over each owner

Name Reedy Creek Improvement District						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# 32432	ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
Regulatory Authorities N/A Reedy Creek Improvement District							

Name Reedy Creek Energy Services						<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 32432	ID#	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#	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#	ID#	ID#
Regulatory Authorities							



John

RECEIVED

REEDY CREEK ENERGY SERVICES, INC.

AUG 1

Bureau of
Air Regulation

LETTER OF TRANSMITTAL

To: Mr. Clarie H. Fancy, P.E., Chief
Bureau of Air Regulation
Fla. Dept. Environmental Protection
Twin Towers Office Bldg.-2600 Blair Stone Road
Tallahassee, Fl 32399-2400

Date: 7/27/94	
SUBMITTED FOR:	
Approval	
Your Information	X
As Requested	
Review, Comment and Return	
Survey	
Estimate	

Project: Designated Rep. Acid Rain Program

Project ID:

Contract Number:

WE ARE SENDING YOU THE FOLLOWING ITEMS:

- ☐ Shop Drawings ☐ Prints ☐ Plans ☐ Specifications ☐ Samples
☒ Copy of Certificate ☐ Directive ☐ Other

Copies	Date	Number	Description	Status
1	7/26/94		Certificate of Representation (RCID)	

Please process and return no later than:

REMARKS:

Copies:

Signed: Zee Johnson

Zee Johnson

United States
Environmental Protection Agency
Acid Rain Program

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



Certificate of Representation

Page 1

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	Gas Fired Turbine Generator with Heat Recovery System	State	FL	ORIS Code	7254
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STEP 2

Enter requested information for the designated representative

Name	Mickey D. Shiver				
Address	P. O. Box 10170 Lake Buena Vista, FL 32830				
Phone Number	(407) 934-7480		Fax Number	(407) 828-2633	

STEP 3

Enter requested information for the alternate designated representative (optional)

Name	N/A				
Address					
Phone Number			Fax Number		

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.

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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

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GAS FIRED TURBINE GENERATOR
 Plant Name (from Step 1) With **HEAT RECOVERY SYSTEM**

Certificate - Page 2

Page 2 of 2

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)	Date <u>7/26/94</u>
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

Name <u>REEDY CREEK IMPROVEMENT DISTRICT</u>						<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# <u>32432</u>	ID#	ID#	ID#	ID#	ID#	ID#	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Regulatory Authorities <u>N/A</u>							

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							