United States
Environmental Protection Agency
Acid Rain Program

This submission is:

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



## Certificate of Representation

X Revised

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

New

Page 1

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

Plant

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	,	TOM G.	SMITH			State	FL	ORIS Code

Name	HARVEY F. WILDSCHU	ETZ		*	·.	
Address	1900 2ND AVENUE NOI LAKE WORTH, FLORIDA					
Phone Number	(407) 586-1665	Fax Number	(407)	586-17	02	-

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Name	LLOYD P. GIBB			
Address	•			
	1900 2ND AVENUE NORTH	:		
	LAKE WORTH, FLORIDA	33461		
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,	•	•		
Phone Number (407)	) 533-7352 <sub>Fa</sub>	x Number (407)	586-1702	

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, 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.

TOM G. Plant Name (fr	SMITH om Step 1)					Page of
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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

owner

Certificate - Page 2

**United States Environmental Protection Agency** Acid Rain Program

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

Page 1



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

This submission is: X New Revised

Bureau of Air Regulation

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

TOM G. SMITH

0673 State ORIS Code

STEP 2 Enter requested information for the designated representative

HARVEY F. WILDSCHUETZ

1900 2ND AVENUE NORTH LAKE WORTH, FL 33461

586-1665

Phone Number (407)

586-170

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

lame	LLOYD	Ρ.	GIBI

Address

Name

Address

1900 2ND AVENUE NORTH LAKE WORTH. FL 33461

Phone Number (407)533-7352

Fax Number (407) 586-1702

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

Fax. Number

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 or alternate designated representative, as applicable.

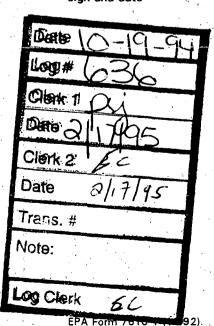
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Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly 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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STEP 5
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United States
Environmental Protection Agency
Acid Rain Program

This submission is:

Plant Name

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

0673

State

FI

ORIS Code



## Certificate of Representation

X Revised

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

TOM G. SMITH

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Page 1

STEP 1

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STEP 3
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Name	HARVEY F. WILI	SCHUETZ			· .	
Address	1900 2ND AVENU LAKE WORTH, I	JE NORTH TL 33461				
Phone Nun	nber (407) 586~1	,665	Fax Number	(407) 586~		
					. 77	

Name FLOYD P. GIRB
Address

1900 2ND AVENUE NORTH
LAKE WORTH, FL 33461

Phone Number (407) 533-7352

Fax Number (407) 586-1702

STEP 4
Complete Step 5, read
the certifications and

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Regulatory Authorities

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