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SEP 27 2001

September 26, 2001

BUREAU OF AIR REGULATION

Scott M. Sheplak, P.E.
Administrator, Title V Section
Florida Department of Environmental Protection
Division of Air Resource Management
2600 Blair Stone Road MS 5500
Tallahassee, Florida 32399-2400

RE: CPV Pierce Power Generating Facility – Certificate of Representation

Dear Mr. Sheplak:

Enclosed please find the *Certificate of Representation* for the CPV Pierce Power Generating Facility (ORIS Code 55688). This is in response to your letter dated September 11, 2001 acknowledging receipt of the *Acid Rain Phase II Permit Application* for the CPV Pierce Power Generating Facility and requesting submission of the facility's *Certificate of Representation*.

Please contact me at (860) 298-9692 if you have any questions or if we can be of further assistance.

Sincerely,

TRC ENVIRONMENTAL CORPORATION

Jennifer Woytowich
Air Permitting Coordinator

Enclosures

cc: Patty DiOrio, CPV w/enc.
Michael Anderson, TRC w/enc.
Pete Catizone, TRC w/ enc.



Certificate of Representation

Page 1

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

This submission is: ☒ New ☐ Revised (revised submissions must be completed in full; 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 CPV Pierce, Ltd. | State FL | ORIS Code 55688 |
|-----------------------------|----------|-----------------|

STEP 2

Enter requested information for the designated representative.

| | |
|--|---------------------------|
| Name Patricia A. DiOrio | |
| Address CPV Pierce, Ltd. c/o Competitive Power Ventures, Inc. 35 Braintree Hill Office Park, Suite 107 Braintree, MA 02184 | |
| Phone Number (781) 848-0253 | Fax Number (781) 848-5804 |
| E-mail address (if available) pdiorio@cpowerventures.com | |

STEP 3

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

| | |
|-------------------------------|--|
| Name | |
| Phone Number | |
| E-mail address (if available) | |

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.

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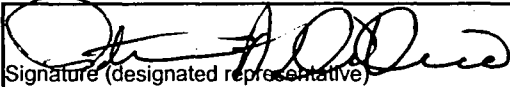
Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

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.

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.

| | |
|---|--------------|
|  | Date 9/25/01 |
| Signature (designated representative) | Date |
| Signature (alternate designated representative) | 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 CPV Pierce, Ltd. | | | | | <input checked="" type="checkbox"/> Owner | <input checked="" type="checkbox"/> Operator |
| ID# CT01 | 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# |

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



Acid Rain Program

Instructions for Certificate of Representation (40 CFR 72.24)

Under the Acid Rain Program (at 40 CFR part 72 subpart B), the owners and operators for each affected source must designate a representative, and may designate an alternate, to act on their behalf. The owners and operators must choose the designated representative through a process that ensures that all owners and operators have notice regarding the selection.

All affected units at a source must have the same designated representative. The designated representative is responsible for all submissions and allowance transactions relating to the units at that source, and is liable for acts or omissions within the scope of his or her responsibilities under the Acid Rain Program.

Please type or print. If more space is needed, photocopy the second page. Indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the boxes in the upper right hand corner of each page. **Note: A Certificate of Representation amending an earlier submission supersedes the earlier submission in its entirety. A revised Certificate of Representation must therefore be complete, including signature and dating by the designated representative (and the alternate designated representative, if applicable), as required under 40 CFR 72.24(a) and 72.25(a).**

Submit one Certificate of Representation form with *original* signatures. Remember that under 40 CFR 72.21, the designated representative must notify each owner and operator of all Acid Rain Program submissions.

For assistance, call the Acid Rain Hotline at (202) 564-9620.

STEP 1 An ORIS code is a 4 digit number assigned by the Energy Information Agency (EIA) at the U.S. Department of Energy to power plants owned by utilities. If the plant is not owned by a utility but has a 5 digit facility code (also assigned by EIA), use the facility code. If no code has been assigned or if there is uncertainty regarding what the code number is, contact EIA at (202) 426-1142 (for ORIS codes), or (202) 426-1269 (for facility codes).

For a combustion or process source under 40 CFR part 74, identify the ORIS or facility code, if one has been assigned. If not, leave blank.

STEP 2 The designated representative must be a natural person and cannot be a company. Please enter the firm name and address as it should appear on all correspondence. **Note: All EPA correspondence is mailed to the designated representative only.** An alternate designated representative must rely on the designated representative to forward information mailed by EPA to the designated representative.

STEP 4 Note that the certifications apply to the designated representative of combustion or process sources seeking to become opt-in sources under 40 CFR part 74.

STEP 5 See 40 CFR 72.2 for the definitions of "owner" and "operator." The owners and operators may be companies or natural persons.

Identify each affected unit at the affected source that is owned or operated by the named party by providing the appropriate unit identification number.

The identification number entered for each unit should be consistent with previously submitted Certificates of Representation (if applicable), with unit identification numbers listed in NADB (for units that commenced operation prior to 1993), and with unit identification numbers used in reporting to DOE and/or EIA. For new units without identification numbers, owners and operators may assign such numbers consistent with EIA and DOE requirements. NADB is the National Allowance Data Base for the Acid Rain Program, and can be downloaded from the Acid Rain Program Website at "www.epa.gov/acidrain/" or obtained on diskette by calling the Acid Rain Hotline. This data file is in dBase format for use on an IBM-compatible PC and requires 2 megabytes of hard drive memory.

Mail this form to:

U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative

by regular/certified mail:

1200 Pennsylvania Ave, NW
Washington, DC 20460

or overnight mail:

501 3rd St., NW
Washington, DC 20001
(202)564-9115

Submit this form prior to or concurrent with the first submission under the Acid Rain Program. This form must be submitted before participating in the annual auctions and sales of allowances. EPA will not issue proceeds from auctions or sales to a unit until it receives a complete Certificate of Representation.

Combustion or process sources seeking to become opt-in sources under 40 CFR part 74 must submit this form prior to or concurrent with the opt-in permit application under 40 CFR 74.14.

Submit a revised Certificate of Representation when any information in the existing Certificate of Representation changes. EPA must be notified of changes to owners and operators within 30 days.

Paperwork Burden Estimate

The burden on the public for collecting and reporting information under this request is estimated at 35 hours per response. Send comments regarding this collection of information, including suggestions for reducing the burden, to: Chief, Information Policy Branch (2136), U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460; and to: Paperwork Reduction Project (OMB#2060-0221), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. **Do not submit forms to these addresses; see the submission instructions above.**