



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)

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

Treasure Coast Energy Center	FL	56400
Plant Name	State	ORIS Code

STEP 2
Enter requested information for the designated representative.

Name	Roger A. Fontes	
Address	8553 Commodity Circle Orlando, Florida 32819-9002	
Phone Number	(407) 355-7767	Fax Number (407) 355-5794
E-mail address (if available)	Roger.Fontes@fmpa.com	

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

Name	Richard L. Casey	
Phone Number	(407) 355-7767	Fax Number (407) 355-5794
E-mail address (if available)	Rick.Casey@fmpa.com	

STEP 4: Complete Steps 5 and 6, read the certifications, 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' 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.

Treasure Coast Energy Center
 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.

Signature (designated representative) <i>[Handwritten Signature]</i>	Date 7/6/06
Signature (alternate designated representative) <i>[Handwritten Signature]</i>	Date 7-6-06

STEP 5
 Provide the name of every owner and operator of the source and identify each affected unit they own and/or operate.

					<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
Name Florida Municipal Power Agency (FMPA)						
Unit #1						
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

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

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

STEP 6
 For any new affected units listed at STEP 5 that have not commenced commercial operation, enter the projected date on which the unit is expected to commence commercial operation.

Unit #1	Projected Commence Commercial Operation Date: June 2008
ID#	
ID#	Projected Commence Commercial Operation Date:
ID#	
ID#	Projected Commence Commercial Operation Date:
ID#	
ID#	Projected Commence Commercial Operation Date:
ID#	