



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

STEP 1

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

Plant Name	Martin	State	FL	ORIS Code	6043
	0850001				

STEP 2

Enter requested information for the designated representative.

Name	Nancy Kierspe, Manager Environmental Services				
Address	P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420				
Phone Number	561-691-2930	Fax Number	561-691-2695		
E-mail address (if available)	nancy_kierspe@fpl.com				

12-29-03
✓ Done.
Bm

STEP 3

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

Name	Adalberto Alfonso, Vice President, Operations & Technical Services				
Phone Number	561-691-2900	Fax Number	561-691-2606		
E-mail address (if available)	adalberto_alfonso@fpl.com				

12-29-03
✓ Done.
Bm

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.

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)

Martin

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.

<i>G M Kierspe</i> Signature (designated representative)	10/7/02 Date
<i>Cedallat Cleman</i> Signature (alternate designated representative)	10/11/02 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 Florida Power & Light Company						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# <i>PMR 1</i>	ID# <i>PMR 2</i>	ID# <i>HRSG 3A</i>	ID# <i>HRSG 3B</i>	ID# <i>HRSG 4A</i>	ID# <i>HRSG 4B</i>	ID#	ID#
ID# <i>PMR 8A</i>	ID# <i>PMR 8B</i>	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#	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#	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#	ID#	ID#





Certificate of Representation

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

This submission is: New Revised

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	Martin	State	FL	ORIS Code	06043
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STEP 2
Enter requested information for the designated representative.

Name		David William Knutson, Power Generation General Manager - Environmental Compliance			
Address		P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420			
Phone Number		(561) 691-2438		Fax Number (561) 691-2388	

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

Name		Adalberto Alfonso, Vice President - Operations			
Address		P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420			
Phone Number		(561) 691-2900		Fax Number (561) 691-2606	

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 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 allowance will be deemed to be held or distributed in accordance with the contract.

Plant Name (from Step 1) Martin

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 statement and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signature (designated representative) <i>David M. Kuster</i>	Date 8-28-02
Signature (alternate designated representative)	Date

STEP 5
Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from DADB if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

Name Florida Power & Light Company			<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
ID# PMR1	ID# PMR2	ID# PMR8A	ID# PMR8B	ID# MRCT8A
ID# HRSG3A	ID# HRSG3B	ID# HRSG4A	ID# HRSG4B	ID# MRCT8B
Regulatory Authorities				

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

Name			<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
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. **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 original signature(s) 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 Administration (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) 287-1730 (for ORIS codes), or (202) 287-1927 (for facility codes).

For a combustion or process source under 40 CFR part 74, enter the ORIS or facility code if one has been assigned by EIA. 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. **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 3 Although not required, **EPA strongly encourages owners and operators to designate an alternate designated representative** to act on behalf of the designated representative.

STEP 4 The public notice declaring the appointment of a designated representative must be posted for at least **one day**. Also, all certification statements 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 "owner or operator." Enter the company name of the owner(s) and operator in the "Name" field. Indicate whether the company is the owner, operator, or both. If the operator of a unit has not yet been chosen, indicate that the owner is both the owner and operator and submit a revised form

STEP 5, cont'd.

when the operator has been selected within 30 days of the effective date of the selection.

Identify each affected unit at the affected source that is owned or operated by the named party by providing the appropriate unit identification number. Do not provide any identifiers for steam turbines or duct burners.

The identification number entered for each affected unit should be consistent with previously submitted Certificates of Representation (if applicable) 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. All submissions to EPA that include the unit identification number(s) (monitoring plans, quarterly reports, etc.) should reference those unit identification numbers in **exactly** the same way that they are referenced on the Certificate of Representation.

Mail this form to:

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

by regular or certified mail: or overnight mail:

1200 Pennsylvania Ave., NW
Washington, DC 20460

633 3rd St., NW
Washington DC 20001
(202) 564-9150

Submit this form prior to making any other submissions 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 of the effective date of the change.**

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.**



Certificate of Representation

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

This submission is: New Revised

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	Martin	State	FL	ORIS Code	06043
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STEP 2
Enter requested information for the designated representative.

Name		David William Knutson, General Manager Technical Services & Reliability			
Address		P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420			
Phone Number	(561) 691-2438	Fax Number	(561) 691-2855		

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

Name		Adalberto Alfonso, Vice President, Operations			
Address		P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420			
Phone Number	(561) 691-2900	Fax Number	(561) 691-2606		

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 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.

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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 allowance will be deemed to be held or distributed in accordance with the contract.

Plant Name (from Step 1) Martin

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 statement and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signature (designated representative) <i>David W. Knutson</i>	Date 2-22-00
Signature (alternate designated representative) <i>Adalberto Ceyra</i>	Date 2/22/00

STEP 5
Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from DADB if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

Name Florida Power & Light Company					<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# PMR1	ID# PMR2	ID# PMR8A	ID# PMR8B	ID#		
ID# HRSG3A	ID# HRSG3B	ID# HRSG4A	ID# HRSG4B	ID#		
Regulatory Authorities						

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

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



Certificate of Representation

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

This submission is: New Revised

This submission includes combustion or process sources under 40 CFR part 74

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

Plant Name	Martin	State	FL	ORIS Code	6043
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STEP 2
Enter requested information for the designated representative.

Name		David William Knutson, Manager Technical Services			
Address		P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420			
Phone Number	(561) 691-2438	Fax Number	(561) 691-2855		

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

Name		Adalberto Alfonso, Vice President, Operations			
Address		P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420			
Phone Number	(561) 691-2900	Fax Number	(561) 691-2606		

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 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.

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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 allowance 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 statement and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signature (designated representative) <i>David H. Kuntz</i>	Date <i>8-20-97</i>
Signature (alternate designated representative) <i>[Signature]</i>	Date <i>8/21/97</i>

STEP 5
Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from DADB if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

Name <u>Florida Power & Light Company</u>			<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# <u>PMR1</u>	ID# <u>PMR2</u>	ID#	ID#	ID#
ID# <u>HRSG3A</u>	ID# <u>HRSG3B</u>	ID# <u>HRSG4A</u>	ID# <u>HRSG4B</u>	ID#
Regulatory Authorities				

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

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



Florida Power & Light Company, P. O. Box 14000, Juno Beach, FL 33408-0420
700 Universe Boulevard

January 3, 1996

U. S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Designated Representative
401 M Street, SW
Washington, D. C. 20460

Dear Sirs:

I am enclosing revised Certification of Representation forms for Florida Power & Light Company's Lauderdale Plant (ORIS Code 613) and Martin Plant (ORIS Code 6043) which were revised due to the addition of Combined Cycle units at Martin Plant (HRSG3A, HRSG3B, HRSG4A & HRSG4B) and the re-powering of Lauderdale Plant to Combined Cycle required us to revise the Boiler ID from PFL 4 & PFL 5 to 4GT1, 4GT2, 5GT1 & 5GT2.

Should you need further information or assistance, please contact me at (407) 691-2870.

Sincerely,

A handwritten signature in cursive script that reads "William M. Reichel".

William M. Reichel
Designated Representative

WMR/mjs
Attachments

CC: Clair Fancy - FDEP/Tallahassee
Brian Beals - Chief - Source Evaluation Units Region IV
Richard Piper - Environmental Specialist



Certificate of Representation

RECEIVED
Page 1

APR 17 1996

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

This submission is: New Revised

This submission includes combustion or process sources under 40 CFR part 74 BUREAU OF AIR REGULATION

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

Martin Power Plant Plant Name	FL State	6043 ORIS Code
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STEP 2
Enter requested information for the designated representative.

William Muly Reichel, Manager, Operations Services Name	
P. O. Box 14000 700 Universe Blvd. Juno Beach, FL 33408 Address	
407-691-2870 Phone Number	407-691-2855 Fax Number

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

Antonio Rodríguez, Vice President, Operations Name	
P. O. Box 14000 Universe Blvd. Juno Beach, FL 33408 Address	
407-691-2900 Phone Number	407-691-2606 Fax Number

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.

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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.

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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.

Martin Power Plant
 Plant Name (from Step 1)

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.

<i>William M. Reindl</i> Signature (designated representative)	1/2/96 Date
<i>C. Rodriguez</i> Signature (alternate designated representative)	1/2/96 Date

STEP 5
 Provide the name of every owner and operator of the source and each affected unit (or combustion or process source) at the source. Identify the units they own and/or operate by boiler ID# from NADB, if applicable. For owners only, identify each state or local utility regulatory authority with ratemaking jurisdiction over each owner, if applicable.

Florida Power & Light Company							<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	PMR1	ID#	PMR2	ID#	ID#	ID#	ID#	
ID#	HRSG3A	ID#	HRSG3B	ID#	HRSG4A	ID#	HRSG4B	
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								

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								

Date	1/18/96
Log #	1153
Clerk 1	<i>OSI</i>
Date	1/18/96
Clerk 2	<i>EC</i>
Date	3/5/96
Trans. #	
Note:	
Log Clerk	<i>EC</i>

THE PALM BEACH POST

Published Daily and Sunday
West Palm Beach, Palm Beach County, Florida

PROOF OF PUBLICATION

STATE OF FLORIDA
COUNTY OF PALM BEACH

Before the undersigned authority personally appeared Chris BULL
who on oath says that she/he is Class. Sales Mgr. of The Palm Beach Post,
a daily and Sunday newspaper published at West Palm Beach in Palm Beach County,
Florida; that the attached copy of advertising, being a Notice
in the matter of re: Martin Power Plant
in the --- Court, was published in said newspaper in
the issues of November 3 - 9, 1993

Affiant further says that the said The Post is a newspaper published at West Palm Beach,
in said Palm Beach County, Florida, and that the said newspaper has heretofore been
continuously published in said Palm Beach County, Florida, daily and Sunday and has been
entered as second class mail matter at the post office in West Palm Beach, in said Palm Beach
County, Florida, for a period of one year next preceding the first publication of the attached
copy of advertisement; and affiant further says that she/he 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.

Chris Bull

Sworn to and subscribed before me this 9 day of November A.D. 19 93

Bette D. Cullen

Bette D. Cullen, Notary Public

Personally known XX or Produced Identification _____

Type of Identification Produced _____

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC. 14, 1994
BONDED THRU GENERAL INS. UND.

NO. 697495
NOTICE

Notice is hereby given that Florida Power & Light Company has appointed William M. Reichel as the Designated Representative for Martin Power Plant, replacing John M. Lindsey. As the Designated Representative, William M. Reichel has all the 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 Clean Air Act Amendments of 1990. This notice was made in accordance with the Clean Air Act Amendments of 1990, 42 USCA §7401 et seq., and applicable regulations of the United States Environmental Protection Agency.
PUB: The Palm Beach Post
November 3 - 9, 1993



Certificate of Representation

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	Martin Power Plant	State	FL	ORIS Code	6043
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STEP 2
Enter requested information for the designated representative

Name	William Muly Reichel, Manager, Operation Services				
Address	P.O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408				
Phone Number	407-691-2870	Fax Number	407-691-2855		

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

Name	Antonio Rodriguez, Vice President, Operations				
Address	P.O. Box 14000 700 Universe Blvd. 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.

NK 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:

NK 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

NK 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.

NK 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.

Martin Power Plant
 Plant Name (from Step 1)

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>William V. Kelly</i>	Date Oct. 29, 1993
Signature (alternate) <i>A. J. Higgins</i>	Date Nov. 2, 1993

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 Florida Power & Light Company						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# PMR 1	ID# PMR 2	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							

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							

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the issues of November 3 - 9, 1993

Affiant further says that the said The Post is a newspaper published at West Palm Beach,
in said Palm Beach County, Florida, and that the said newspaper has heretofore been
continuously published in said Palm Beach County, Florida, daily and Sunday and has been
entered as second class mail matter at the post office in West Palm Beach, in said Palm Beach
County, Florida, for a period of one year next preceding the first publication of the attached
copy of advertisement; and affiant further says that she/he 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.

Chris Bull

Sworn to and subscribed before me this 9 day of November A.D. 19 93

Bette D. Cullen

Bette D. Cullen, Notary Public

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC. 14, 1994
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PUB: The Palm Beach Post
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