

## Certificate of Representation

STEP 1 Identify the source by plant name, State, and

ORIS code from NADB

This submission is: New X Revised

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

Enter requested Information for the designated representative

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Plant Name	Higgins	****	 	State	ORIS Code
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Name	W. Jeffrey Pardue			576	,	
Address	Florida Power Corporat 3201 - 34th Street Sou St. Petersburg, FL 33	th, MAC H20	ì			
Phone Nur	nber (813) 866-4387	Fax Numbe	(813)	866-4926		

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

Name						<del></del>			
Address		`.							
				,				•	
Phone Numb	er		ř	Fax'l	Number		. ;	 ./	

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

Log Clerk 1 Date Clerk 2 Date

Trans. #

Log Clerk

Note:

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, 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

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 sech 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.

EPA Form 7610-1 (11-92)

Plant Name (fro	om Step 1)	Higgins			5 £	Page 1 of	1
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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

Plant Name

Higgins

ORIS Code

State



## **Certificate of Representation**

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

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

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

Date 11-3-94
Log # 672
Clerk 1
Date
Clerk 2
Date
Trans. #
Note: replaced 67 # 694
Log Clerk
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EPA Form 7610-1 (11-92)

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	,					FL		:630

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Name	W. Jeffrey Pardue		,			
Address	Florida Power Corporation 3201 - 34th Street South, St. Petersburg, FL 33711	MAC H2G				
Phone Nun	nber (813) 866-4387	Fax Number	(813)	866-49	)26	,

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~		
Name	<u> </u>	<u> </u>
Address		
Phone Number	Fax N	Number
THORIC HAIRIDGE	1 4 1 1	*OTTOG

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

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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Regulatory Authorities

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STEP 5
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