



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	Sanford	State	FL	ORIS Code	620
	1270009				

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,
Burr

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,
Burr

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.

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>G M Kierspe</i>	Date 10/7/02
Signature (alternate designated representative) <i>Adalberto Cejudo</i>	Date 10/11/02

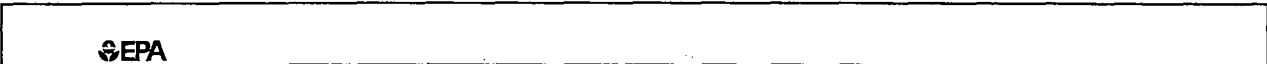
STEP 5
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) they own and/or operate.

Name Florida Power & Light Company						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
<i>PSN 3</i>	<i>PSN 4</i>	<i>PSN 5</i>	<i>SNCT4A</i>	<i>SNCT4B</i>	<i>SNCT4C</i>	<i>SNCT4D</i>	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
<i>SNCT5A</i>	<i>SNCT5B</i>	<i>SNCT5C</i>	<i>SNCT5D</i>				
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#

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

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

Plant Name	Sanford Power Plant	State	FL	ORIS Code	620
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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.

NA 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:

NA 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

NA 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.

NA 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.

Sanford 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.

<i>William M. Kelly</i> Signature (designated representative)	Date Oct. 29, 1993
<i>[Signature]</i> Signature (alternate)	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 <u>Florida Power & Light Company</u>						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID# PSN 3	ID# PSN 4	ID# PSN 5	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							

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							

Sanford Herald

An Independent Newspaper
SANFORD, SEMINOLE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF SEMINOLE

Before the undersigned authority personally appeared _____

Wayne D. Doyle who on oath says that he is

Publisher of the SANFORD HERALD, a Newspaper Pub-

lished at Sanford, in Seminole County, Florida: that the attached copy of advertise-
ment, being a LEGAL NOTICE in the matter of

RE: FLORIDA POWER & LIGHT COMPANY

~~in the~~ Court,

was published in said newspaper in the issues of Novmber 3, 4, 5, 7, 8,
9, 10, 1993

Affiant further says that said SANFORD HERALD is a newspaper published by the Sanford Herald, at Sanford, in said Seminole County, Florida, and that the said newspaper has heretofore been continuously published in said Seminole County, Florida, and has been entered as second class mail matter at the post office in Sanford, in said Seminole County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement: and affiant further says that 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.

Wayne D. Doyle
(Signature of Affiant)

Sworn to and subscribed before me this 10th day of Nov, 19 93

Shirley C. Thomas
(Signature of notary public)



OFFICIAL SEAL
SHIRLEY C. THOMAS
My Commission Expires
Aug. 1, 1994
Comm. No. CC 035565

Personally Known
or Produced Identification _____
Type of Identification Produced _____

NOTICE

Notice is hereby given that Florida Power & Light Company has appointed William M. Reichel as the Designated Representative for Sanford Power Plant, replacing John M. Lindsay. 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 §57401 et. seq., and applicable regulations of the United States Environmental Protection Agency.

Publish: November 3, 4, 5, 7, 8, 9, 10, 1993
DEL-26