This submission is: New X Revised



## Certificate of Representation

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

Page 1

STEP 1 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[]-3-9H
Log #(073
Clerk 1
Date
Clerk 2
Date
Trans. #
Note: replace to
Log Clerk

*	Ţ.	•			ř		
	6.E.			 ,	FL	629.	
Plant Name	Turner		*		State	OBIS Code	

Name	W. Jeffrey Pardue			
Address	Florida Power Corporat 3201 - 34th Street Sou St. Petersburg, FL 33	ith, MAC H2G		
Phone Numb	<sub>per</sub> (813) 866-4387	Fax Number	(813) 866-4926	

	 	1	•	ı
				,
Name ,	1			
Address	1		•	
Phone Number		Fax Number		

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, deily 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 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.

С	ertificate	3 - 1	Pag	е 2	
	Penn	1	of	1	

	Türner		
Plant Name (from Step 1)	i ui nei		

## 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)	titlader		Date 20 Oct 1994
Signature (alternate)		· · ·	Date

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

	idiláten lebiese	intative)	edu			Date 20	Oct 1994
	4, 40	. 7"		•			,
Signature (alte	rnate)					Date	
.Name	Florid	a Power Co	rporation		X c	/ Owner	X Operator
<sub>ID#</sub> 2	<sub>ID#</sub> 3	ID# 4	ID#	ID#	ID#		ID#
ID#	ID#	ID#	ID#	ID#	ID#		ID#
Regulatory Au	thorities					•	. /
						Owner	Operator
Name		I L		<u> </u>			
ID#	ID#	ID#	ID#	ID#	ID#	· ———	ID#
ID#	ID#	ID#	iD#	ID#	ID#		ID#
Regulatory Au	thorities	,					
			i z		-		
,			······································			Dwner	Operator
Name						Owner,	Operator
	ID#	ID#	ID#	ID#		Owner,	
ID#	ID#	ID#	#D#	ID#	ID#	Owner.	ID#
	ID#	1	ID#	ID#		Owner.	
ID#	ID#	1			ID#	Dwner,	ID#
וD# וD#	ID#	1			ID#	Owner.	ID#
ID# Regulatory Au	ID#	1			ID#	Owner.	ID#
ID# Regulatory Au Name	ID#	ID#	ID#	ID#	ID#		ID#
ID# Regulatory Au	ID#	1			ID#		ID#
ID# Regulatory Au Name	ID#	ID#	ID#	ID#	ID#		ID#

Name					Owner	Operator Operator
7						
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	JD#	ID#	ID#	ID#	ID#	ID#
10#	110#	110#	,	110#	10#	
Regulatory A	uthorities			<u> </u>	4 + 1	<u>,                                     </u>



## Certificate of Representation

Page 1

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

This submission is: 4 New X Revised

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

Plant Name	Turner	,		State	ORIS Code
	6.E.		1.0	FL	629

STEP 2 Enter requested -information for the designated representative

Name	W. Jeffrey Pardue				,
Address	Florida Power Corporation 3201 - 34th Street South St. Petersburg, FL 33711	MAC H2G			
Phone Nun	<sub>aber</sub> (813) 866-4387	Fax Number	(813)	866-4926	

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

					 	4375.5	
Name			·				•
					 <u> </u>		
Address	7 · · · · · · · · · · · · · · · · · · ·			· ·			
· · · · · · · · · · · · · · · · · · ·				•			*
						• . •	
		1				,	
Phone Number				Fax Number		·	
		//			 ,		

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

Date Log# Clerk 1 -X1 a Date -22-94 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.

Clerk 2 11/20194 Date

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.

Trans.#

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

Note:

Log Clerk

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.

Plant Name (from Step 1) Turner							
ertification  em authorized to make this submission on behalf of the owners and operators of the affected source or faceted units for which the submission is made. I certify under penalty of law that I have personally examined, and em familier with, the statements and information submitted in this document and sell its techments. 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 fru information or complete. I am eware that there are significant penalties for submitting false statements information or omitting required statements and information, including the possibility of fine or imprison information or omitting required statements and information, including the possibility of fine or imprison.    Date 11/2/94		14 19 19 19 19 19 19 19 19 19 19 19 19 19	हुनि <u>संस्</u> रु स्थाप्तर	भ्याः <b>भाक्ष</b> े स्थ			Certificate - Pag
am authorized to make this submission on behalf of the owners and operators of the affected source of fected units for which the submission is made. I certify under penalty of law that I heve personally armined, and am familiar with, the statements and information submitted in this document and all its tachments. Based on my inquiry of those individuals with primary responsibility for obtaining the formation, lectrify that the statements and information are to the best of my knowledge and belief truccurate, and complete. I am aware that there are significant penalties for submitting false statements formation or omitting required statements and information, including the possibility of fine or imprison formation or omitting required statements and information, including the possibility of fine or imprison the property of the complete of the property of the property of the complete of the property	Plant Name (fr	om Step 1)	Turner				Page 1 of
am authorized to make this submission on behalf of the owners and operators of the affected source of fected units for which the submission is made. I certify under penalty of law that I heve personally carmined, and am familiar with, the statements and information submitted in this document and all its tackments. Based on my inquiry of those individuals with primary responsibility for obtaining the formation, locarity that the statements and information are to the best of my knowledge and belief tru courate, and complete. I am sware that there are significant penalties for submitting false statements formation or omitting required statements and information, including the possibility of fine or imprison formation or omitting required statements and information, including the possibility of fine or imprison signature (alternate)    Date   11/2/94       Date   11/2/94							
rected units for which the submission is made. I certify under penalty of law that I have personally acmined, and am familiar with, the statements and information submitted in this document and sell its techments. Based on my inquiry of those individuals with primary responsibility for iobtaining the formation, I certify that the statements and information are to the best of my knowledge and belief tru couract, and complete. I am swere that there are significant penalties for submitting false statements formation or omitting required statements and information, including the possibility of fine or imprison ingenture (designated representative)    Date	ertification						
Date	fected units to camined, and tachments. I formation, I courage and the courage	or which the am familiar w Based on my i ertify that the complete. Lar	submission is m ith, the stateme nquiry of those is statements and maware that the	ade. I certify unts and information with information are significated and significated are significated are are significated	nder penalty cation submitte primary response to the best of the penalties for	of law that I have d in this docume onsibility for obta of my knowledge or submitting fals	personally nt and all its aining the and belief true, se statements an
Florida Power Corporation    X Owner   X Operate	ignature (des	ignated repres	sentative)	Farelue		Date	11/8/94
Florida Power Corporation    X Owner   X Operate   D# 2   D# 3   D# 4   D#   D#   D#   D#   D#   D#	Signature (alte	rnate)			, .	Date	
Name			) Differs				
Regulatory Authorities  Florida Public Service Commission  Owner Operate  ID# ID# ID# ID# ID# ID# ID#  ID# ID# ID# ID#  Regulatory Authorities  Name  ID# ID# ID# ID# ID# ID# ID# ID#  Name  ID# ID# ID# ID# ID# ID# ID# ID# ID#  ID# ID# ID# ID# ID# ID# ID# ID# ID#	Vame	Flori	da Power C	orporation	1	X Owner	X Operator
Regulatory Authorities  Florida Public Service Commission  Owner Operate  ID# ID# ID# ID# ID# ID# ID#  Regulatory Authorities  Name  ID# ID# ID# ID# ID# ID# ID# ID#  Name  ID# ID# ID# ID# ID# ID# ID# ID# ID#	<sub>D#</sub> 2	ID# 3	ID# 4	ID#	ID#	ID#	ID#
Owner   Operator     Operator   Operator   Operator     Operator   Operator   Operator     Operator   Operator   Operator   Operator     Operator   Operator   Operator   Operator     Operator   Operator   Operator   Operator   Operator   Operat	D#	ID#	ID#	ID#	ID#	ID#	ID#
Owner   Operator   Owner   Operator   ID#   ID#   ID#   ID#   ID#   ID#     ID#   ID#   ID#   ID#   ID#     Owner   Operator   Opera	Regulatory Au	ıthorities	Florida	Public Se	rvice Com	mission	Vila de la constanta de la con
Name  ID# ID# ID# ID# ID# ID# ID#  Regulatory Authorities  Name  ID#					ra taken		
ID#	Vame					Owner	Operator
Regulatory Authorities  Name  ID#		#חו	ID#	ID#	ID#	ID#	ID#
Name  ID# ID# ID# ID# ID# ID#							
Name ID# ID# ID# ID# ID#	D#	ID#	ID#	ID#	ID#	iD#	ID#
Name ID# ID# ID# ID# ID#	<u></u>				•		
Name  ID# ID# ID# ID# ID#	Regulatory A	uthorities		<del></del>			· · · · · · · · · · · · · · · · · · ·
ID# ID# ID# ID# ID#		· · · · · · · · · · · · · · · · · · ·			, <u> </u>	-Owner	Operator
	IVamu	· ·		1	1	A company of the comp	- 63
ID# ID# ID# ID# ID#	ID#	ID#	ID#	ID#	ID#	IQ#	ID#
	ID#	ID#	ID# -/	ID#	ID#	ID#	ID#
				· · · · · · · · · · · · · · · · · · ·			

ID#

ID#

ID#

ID#

Owner

ID#

Operator

ID#

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

ID#

1D#

ID#

ID#

Regulatory Authorities

ID#

ID#