



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
AIR AND RADIATION

February 17, 1993

Mr. Tom Cascio
Air Resources Management Division
Florida Department of Environmental Regulation
2600 Blair Stone Road
Tallahassee, Florida 32399

Dear Mr. Cascio:

I have enclosed your copy of the Acid Rain Program Designated Representative certifications for the **Gulf Power Company**. As we receive other DR forms that involve utilities in Florida, I will forward copies to you.

I am the EPA Headquarters lead for the state of Florida for Acid Rain permitting. Margaret Sheppard is the lead for CEMS. I can be reached at (202) 233-9175 and Margaret can be reached at (202) 233-9163.

I look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Drew Willison".

Drew Willison
Acid Rain Division

enclosure

RECEIVED

FEB 22 1993

Division of Air
Resources Management



Printed on Recycled Paper



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	Crist Electric Generating Plant	State	FL	ORIS Code	641
------------	---------------------------------	-------	----	-----------	-----

STEP 2
Enter requested
information for the
designated
representative

Name	Earl B. Parsons, Jr.				
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0100				
Phone Number	(904) 444-6383	Fax Number	(904) 444-6744		

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

Name	Malcolm L. Gilchrist				
Address	Gulf Power Company P. O. Box 1151 Pensacola, FL 32520-0328				
Phone Number	(904) 444-6236	Fax Number	(904) 444-6705		

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.

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.

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>Earl B. Parsons Jr.</i> Signature (designated representative)	Date <i>2/10/93</i>
<i>Malcolm J. Gililand</i> Signature (alternate)	Date <i>2/8/93</i>

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 Gulf Power Company						<input checked="" type="checkbox"/> Owner	<input checked="" type="checkbox"/> Operator
ID# 1	ID# 2	ID# 3	ID# 4	ID# 5	ID# 6	ID# 7	
ID#	ID#	ID#	ID#	ID#	ID#	ID#	
Florida Public Service Commission 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							