



Florida Municipal Power Agency

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ARMS
UPDATED

Tom Reedy
Assistant General Manager, Power Resources

January 5, 2009

BUREAU OF AIR REGULATION

U.S. Environmental Protection Agency
Clean Air Markets Division (6204J)
Attention: Designated Representative
1310 L Street, Northwest
Washington, DC 20005

Re: Treasure Coast Energy Center
ORIS Code 56400

Florida Municipal Power Agency would like to submit the enclosed Certificate of Representation signifying the new Designated Representative and Alternate Designated Representative for Treasure Coast Energy Center.

The enclosed EPA Form 7610-1 (rev. 12-2008) replaces the previous submission of an older version of the form (rev. 2-04).

Please contact Amy Deese at 321-239-1004 if you have any questions or require additional information.

Sincerely,

Tom Reedy
Assistant General Manager,
Power Resources

Enclosure

cc: Jonathan Holtom, FDEP
Lee Hoefert, FDEP Southeast District
Ed Leongomez, Fort Pierce Utility Authority
Amy Deese, FPMA
Jerusha Gibson, FMPA



Certificate of Representation

For more information, see instructions and 40 CFR 72.24; 40 CFR 96.113, 96.213, or 96.313, or a comparable state regulation under the Clean Air Interstate Rule (CAIR) NO_x Annual, SO₂, and NO_x Ozone Season Trading Programs or 40 CFR 97.113, 97.213, or 97.313.

FACILITY (SOURCE) INFORMATION

This submission is: ~ New Revised (revised submissions must be complete; see instructions)

STEP 1
Provide information for the facility (source).

Facility (Source) Name Treasure Coast Energy Center		State FL	Plant Code 56400
County Name St. Lucie			
Latitude 27.3839		Longitude 80.3775	

STEP 2
Enter requested information for the designated representative.

Name Thomas E. Reedy		Title Assistant General Manager, Power Resources	
Company Name Florida Municipal Power Agency			
Address 8553 Commodity Circle, Orlando, FL 32819-9002			
Phone Number (407) 355-7767		Fax Number (407) 355-5794	
E-mail address Tom.Reedy@fmpa.com			

STEP 3
Enter requested information for the alternate designated representative.

Name Steven Kirchoff		Title Energy Supply and Fuels Manager	
Company Name Florida Municipal Power Agency			
Address 8553 Commodity Circle, Orlando, FL 32819-9002			
Phone Number (407) 355-7767		Fax Number (407) 355-5796	
E-mail address Steve.Kirchoff@fmpa.com			

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BUREAU OF AIR REGULATION

Facility (Source) Name (from Step 1) **Treasure Coast Energy Center**

UNIT INFORMATION

STEP 4: Complete one page for each unit located at the facility identified in STEP 1 (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine) Do not list duct burners. Indicate each program to which the unit is subject, and enter all other unit-specific information, including the name of each owner and operator of the unit and the generator ID number and nameplate capacity of each generator served by the unit. If the unit is subject to a program, then the facility (source) is also subject. (For units subject to the NO_x Budget Trading Program, a separate "Account Certificate of Representation" form must be submitted to meet requirements under that program.)

Applicable Program(s): Acid Rain CAIR NO_x Annual CAIR SO₂ CAIR NO_x Ozone Season

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CAIR Nameplate Capacity (MWe)
1	CC	Electric Utility	CT1	219.6	219.6
			ST1	191.8	191.8
		NAICS Code 221112			
Date unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 02/12/2008			Check One: Actual <input checked="" type="checkbox"/> Projected <input type="checkbox"/>		
Company Name: Florida Municipal Power Agency			<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name: Fort Pierce Utilities Authority			<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		
Company Name:			<input type="checkbox"/> Owner <input type="checkbox"/> Operator		

Facility (Source) Name (from Step 1) Treasure Coast Energy Center
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STEP 5: Read the appropriate certification statements, sign, and date.Acid Rain Program

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.e., the source and each unit subject to the Acid Rain Program, as indicated in "Applicable Program(s)" in Step 4).

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 each affected unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the affected source and 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 a life-of-the-unit, firm power contractual arrangement, 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 each affected unit at the source; and

Allowances, and 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, except that, if such multiple holders have expressly provided for a different distribution of allowances, allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NO_x Annual Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR NO_x source and each CAIR NO_x unit at the source (i.e., the source and each unit subject to the CAIR NO_x Annual Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR NO_x Annual Trading Program on behalf of the owners and operators of the CAIR NO_x source and each CAIR NO_x unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR NO_x source and each CAIR NO_x 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, a CAIR NO_x unit, or where a utility or industrial customer purchases power from a CAIR NO_x unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR NO_x source and each CAIR NO_x unit at the source; and

CAIR NO_x allowances and proceeds of transactions involving CAIR NO_x allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR NO_x allowances by contract, CAIR NO_x allowances and proceeds of transactions involving CAIR NO_x allowances will be deemed to be held or distributed in accordance with the contract.

Facility (Source) Name (from Step 1) **Treasure Coast Energy Center**

Clean Air Interstate Rule (CAIR) SO₂ Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR SO₂ source and each CAIR SO₂ unit at the source (i.e., the source and each unit subject to the SO₂ Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR SO₂ Trading Program, on behalf of the owners and operators of the CAIR SO₂ source and each CAIR SO₂ unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR SO₂ source and each CAIR SO₂ 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, a CAIR SO₂ unit, or where a utility or industrial customer purchases power from a CAIR SO₂ unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR SO₂ source and each CAIR SO₂ unit at the source; and

CAIR SO₂ allowances and proceeds of transactions involving CAIR SO₂ allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR SO₂ allowances by contract, CAIR SO₂ allowances and proceeds of transactions involving CAIR SO₂ allowances will be deemed to be held or distributed in accordance with the contract.

Clean Air Interstate Rule (CAIR) NO_x Ozone Season Trading Program

I certify that I was selected as the CAIR designated representative or alternate CAIR designated representative (as applicable), by an agreement binding on the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit at the source (i.e., the source and each unit subject to the CAIR NO_x Ozone Season Trading Program, as indicated in "Applicable Program(s)" in Step 4).

I certify that I have all necessary authority to carry out my duties and responsibilities under the CAIR NO_x Ozone Season Trading Program on behalf of the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

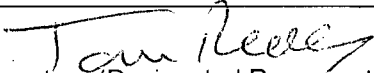
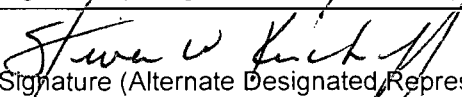
Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CAIR NO_x Ozone Season unit, or where a utility or industrial customer purchases power from a CAIR NO_x Ozone Season unit under a life-of-the-unit, firm power contractual arrangement, I certify that:

I have given a written notice of my selection as the CAIR designated representative or alternate CAIR designated representative (as applicable) and of the agreement by which I was selected to each owner and operator of the CAIR NO_x Ozone Season source and each CAIR NO_x Ozone Season unit; and

CAIR NO_x Ozone Season allowances and proceeds of transactions involving CAIR NO_x Ozone Season allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CAIR NO_x Ozone Season allowances by contract, CAIR NO_x Ozone Season allowances and proceeds of transactions involving CAIR NO_x Ozone Season allowances will be deemed to be held or distributed in accordance with the contract.

Facility (Source) Name (from Step 1) **Treasure Coast Energy Center**General

I am authorized to make this submission on behalf of the owners and operators of the source or 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)	Date January 5, 2009
 Signature (Alternate Designated Representative)	Date January 5, 2009



Florida Municipal Power Agency

ARMS
UPDATES
12-31-08

Tom Reedy
Assistant General Manager, Power Resources

December 4, 2008

U.S. Environmental Protection Agency
Clean Air Markets Division (6204J)
Attention: Designated Representative
1310 L Street, Northwest
Washington, DC 20005

Re: Treasure Coast Energy Center
ORIS Code 56400

Florida Municipal Power Agency would like to submit the enclosed Certificate of Representation signifying the new Designated Representative and Alternate Designated Representative for Treasure Coast Energy Center.

Please contact Amy Deese at 321-239-1004 if you have any questions or require additional information.

Sincerely,

Tom Reedy
Assistant General Manager,
Power Resources

1
Enclosure

cc: Jonathan Holtom, FDEP
Lee Hoefert, FDEP Southeast District
Ed Leongomez, Fort Pierce Utility Authority
Amy Deese, FPMA
Jerusha Gibson, FMPA

AMY. DEESE @ FMPA
EL
LEONGOMEZ
FMPA
FPMA.COM



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)

STEP 1

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

Treasure Coast Energy Center	FL	56400
Plant Name	State	ORIS Code

STEP 2

Enter requested information for the designated representative.

Name Thomas E. Reedy	
Address 8553 Commodity Circle Orlando, Florida 32819-9002	
Phone Number (407) 355-7767	Fax Number (407) 355-5794
E-mail address (if available) Tom.Reedy@fmpa.com	

STEP 3

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

Name Steven Kirchoff	
Phone Number (407) 355-7767	Fax Number (407) 355-5796
E-mail address (if available) Steve.Kirchoff@fmpa.com	

STEP 4: Complete Steps 5 and 6, read the certifications, 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' 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.

Treasure Coast Energy Center
 Plant Name (from Step 1)

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>Tom Reedy</i> Signature (designated representative)	12/4/08 Date
<i>Steve W. Kuchoff</i> Signature (alternate designated representative)	12-04-08 Date

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

Name Florida Municipal Power Agency (FMPA)					<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	
Unit #1						
ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name Fort Pierce Utilities Authority					<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	
Unit #1						
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#

STEP 6
 For any new affected units listed at STEP 5 that have not commenced commercial operation, enter the projected date on which the unit is expected to commence commercial operation.

ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date:
ID#	Projected Commence Commercial Operation Date: