

EMISSION  
YEAR  
**20**\_\_

**CEIDARS 2.5  
CERTIFICATION**

FORM  
**CER**

COMPANY NO. [ ] [ ] [ ] [ ] FACILITY NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

COMPANY NAME

[ ]

MAILING ADDRESS

[ ]

CITY ST ZIP CODE

[ ] [ ] [ ]

NAME OF COMPANY CONTACT

[ ]

TELEPHONE FAX

[ ] [ ]

EMAIL ADDRESS

[ ]

FACILITY NAME

[ ]

ADDRESS - PHYSICAL LOCATION

[ ]

CITY ST ZIP CODE

[ ] [CA] [ ]

NAME OF FACILITY CONTACT

[ ]

TELEPHONE FAX

[ ] [ ]

EMAIL ADDRESS

[ ]

**SMALL BUSINESS EXEMPTION for STATE AIR TOXIC FEES (AB2588)**

This section must be completed to claim small business status.

Criteria for small business exemption:  
A small business is a facility with 10 or less employees and gross receipts of \$1,000,000 or less and companies California total gross receipts of \$5,000,000 or less.

Small Business Criteria	This Facility	State of California	National
Number of Employees			
Annual Gross Receipts			
Less than \$ 1,000,000			
\$ 1,000,000 to \$ 5,000,000			
More than \$ 5,000,000			

**CERTIFICATION**

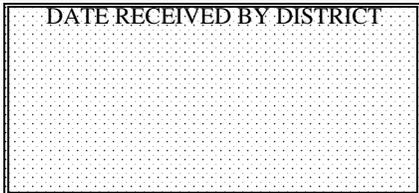
(Please print or type)

I, \_\_\_\_\_, a responsible official  
(Name of Official)  
of \_\_\_\_\_, hereby certify that,  
(Name of Facility)  
based upon information and belief formed after reasonable inquiry, the attached information, consisting of the emission inventory data is true, accurate and complete. Executed this \_\_\_\_\_ day of \_\_\_\_\_,  
(Day)  
\_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.  
(Month) (Year) (County and State)

(Signature)

(Name - print or type)

(Title - print or type)



INITIALS \_\_\_\_\_ DATE: \_\_\_\_\_