



SOUTHERN UTE INDIAN TRIBE - RESERVATION AIR PROGRAM
APPLICATION FOR TRIBAL OPERATING PERMIT, 40 CFR PART 70



FORM A-COMP - ANNUAL COMPLIANCE CERTIFICATION

INSTRUCTIONS: Complete sections A and B once for each complete A-COMP form submission. Sections C, D, and E may be copied as many times as is necessary to fully report all the required information.

A. General Information

Part 70 Permit No.: _____ Hcekrk\ "K < _____ Date: _____

Company Name: _____

Facility Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Contact Person: _____ Title: _____

Telephone: _____ Ext. _____ Email: _____

B. Reporting Period

Instructions: The reporting period should be the 12-month period for the previous calendar year or the period required by your part 70 permit.

Period Beginning: _____ Period Ending: _____

C. Compliance Status of Each Permit Term or Condition

Instructions: Use this page to describe the compliance status of each permit term or condition and the methods used to determine the compliance status of each permit term or condition. This page may be used to provide information on four different permit terms or conditions. Copy this page as many times as necessary to cover all permit terms and conditions.

Permit Term or Condition (Cite and Describe)	Unit ID(s)
Methods Used to Determine Compliance	Compliance Status During Reporting Period
	Continuous Compliance Intermittent Compliance

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E. Deviations Not Previously Reported

Instructions: Complete one set of sections 1 through 5 for each deviation required to be reported for the first time in this form. Copy this page as many times as necessary to include all such deviations. Report the beginning and ending times for each deviation, using the 24-hour clock (MST). If any corrective actions or preventative measures were taken to avoid future similar deviations, briefly describe them. If known, include dates when such measures were taken or will be taken in the future.

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
4. Probable Cause of Deviation		5. Corrective Actions or Preventative Measures Taken
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
4. Probable Cause of Deviation		5. Corrective Actions or Preventative Measures Taken
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
4. Probable Cause of Deviation		5. Corrective Actions or Preventative Measures Taken
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
4. Probable Cause of Deviation		5. Corrective Actions or Preventative Measures Taken
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		