



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



**FORM CTAC - CERTIFICATION OF TRUTH, ACCURACY, AND
COMPLETENESS BY RESPONSIBLE OFFICIAL**

INSTRUCTIONS: One copy of this form must be completed, signed and sent with each submission of documents (i.e., application forms, updates to applications, reports, or any information required by part 70 permit).

Company Name: _____

Facility Name: _____

A. Responsible Official

Facility ID: _____

Name: (Last) _____ (First) _____ (MI) _____

Title: _____

Mailing Address: _____

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

Telephone: _____ - _____ Ext. _____ Email: _____

B. Certification of Truth, Accuracy and Completeness

Instructions: **This form must be signed by the responsible official**

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Name (signed): _____

Name (typed): _____

Date: _____