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CHAPTER 156 – CO₂ Budget Trading Program Account Certificate of Representation

State of Maine
Department of Environmental Protection
Bureau of Air Quality
17 State House Station
Augusta, Maine 04333-0017
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This submission is: New Revised (entire form must also be completed for revised submissions)

SECTION A: CO₂ BUDGET SOURCE INFORMATION

Company Name: _____
(legal name as registered with the Secretary of State)
Plant/Facility/ORIS Code: _____
Physical Location: _____
(E-911 address)
City/Town: _____ County: _____

SECTION B: ACCOUNT REPRESENTATIVE INFORMATION

CO₂ Authorized Account Representative:

Name: _____
(full legal name)
Mailing Address: _____
City/Town: _____ ZIP: _____
Phone: _____ Fax: _____
e-mail: _____

Alternate CO₂ Authorized Account Representative:

Name: _____
(full legal name)
Mailing Address: _____
City/Town: _____ ZIP: _____
Phone: _____ Fax: _____
e-mail: _____

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SECTION C: CO₂ BUDGET UNIT & OWNER/OPERATOR INFORMATION

Company Name: _____ Unit ID #s: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator
Company Name: _____ Unit ID #s: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator
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