

GP-020A Annual Report Form  
Research and Development General Permit

Facility Name: \_\_\_\_\_  
Facility ID No.: \_\_\_\_\_  
R&D General Permit No.: \_\_\_\_\_  
Reporting Period: \_\_\_\_\_

<u>Air Contaminant</u>	<u>Annual Air Emissions</u>		<u>Permit Limit</u>	<u>Compliance</u>
	<u>Pounds</u>	<u>Tons</u>	<u>Tons</u>	<u>(Y/N)</u>
CO	_____	_____	_____	_____
NOx	_____	_____	_____	_____
TSP	_____	_____	_____	_____
PM10	_____	_____	_____	_____
PM2.5	_____	_____	_____	_____
SO2	_____	_____	_____	_____
VOC (Total)	_____	_____	_____	_____
Other Contaminants (must be specified below)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of Product Days in the Calendar Year: \_\_\_\_\_

In compliance with all limits in Section VI and any other regulatory limit including  
Reference # 3, 8, 14, 15, and 16 of the R&D General Permit: Answer YES or NO. \_\_\_\_\_

There was no instance of non-compliance with any condition of the R&D General Permit:  
Answer YES or NO. \_\_\_\_\_

If Yes, Please specify the reference number in the compliance plan that you didn't comply. \_\_\_\_\_

## Certifications

Responsible Official:

"I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Individuals with Direct Knowledge:

"I certify, under penalty of law, that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer: This form is provided for your convenience, and you may use this template if you wish. But you are not required to use this specific recordkeeping form. You may keep records in any format you choose, as long as you include all the required information.**