



**Texas Commission on Environmental Quality
Form OP-CRO1 - Instructions
Certification by Responsible Official**

General:

Title 30 Texas Administrative Code § 122.132(e) [30 TAC § 122.132(e)] (relating to “Application and Required Information for Initial Permit Issuance, Reopening, Renewal, or General Operating Permits”) and 30 TAC § 122.165 (relating to “Certification by a Responsible Official”) require that a Responsible Official (RO), or appropriate designee, shall certify all documents submitted to the Texas Commission on Environmental Quality (TCEQ) in support of a federal operating permit (FOP), or that are required by 30 TAC Chapter 122 or by an operating permit condition(s). This Form OP-CRO1 (Certification by Responsible Official) satisfies these certification requirements in a manner consistent with 30 TAC § 122.165.

(Certification by the authorized Designated Representative (DR), or Alternate Designated Representative (ADR), apply to the Acid Rain, CAIR, or CAMR Program sources only and is executed on OP-CRO1, page 2 [Certification by Designated Representative]. The DR or ADR shall certify application information for sites with one or more units subject to the Acid Rain, CAIR, or CAMR Programs and shall certify application information and reports as an RO. This OP-CRO1, page 2 [Certification by Designated Representative] satisfies these certification requirements in a manner consistent with 30 TAC § 122.165.)

All initial, revision, and renewal FOP applications, as well as all post-issuance submittals requiring certification must be accompanied by Form OP-CRO1. However, while a site operating permit (SOP) or temporary operating permit (TOP) is undergoing technical review, application updates (e.g., administrative changes, responses to a TCEQ permit application deficiency notice, or request for information) do not require a Form OP-CRO1 to be included with each submittal. This certification will be requested at the time of the Working Draft Permit review, and any required certifications must be included with the applicant’s response to the review of the Working Draft Permit. (Refer to the Working Draft Permit Review Fact Sheet at http://www.tceq.state.tx.us/permitting/air/titlev/site/sop_wdp_factsheet.html for additional details.)

Likewise, updates to general operating permit (GOP) applications undergoing technical review do not require a Form OP-CRO1 to be included with each submittal and need only be certified prior to being granted an authorization to operate under the GOP by the TCEQ. All SOP application updates submitted after public notice authorization or start of public announcement, or GOP application updates submitted after being granted authorization to operate, must be accompanied by a completed Form OP-CRO1.

All materials related to public notice certification must also be certified; including the original tearsheet(s), publisher’s affidavit(s), and the “Public Notice Verification Form/Air Permits.” Dates of these submittals should be included on the certification form submitted immediately following the close of the public comment period. (Specific details regarding these submittals and the certification procedure are included in the Public Notice Authorization Package sent to applicants with draft FOPs)

The dates of each application update submittal being certified may be entered on a Form OP-CRO1. (Up to eight submittal dates may be entered on each form.) Alternatively, a single Form OP-CRO1 may be used to certify a range of dates (time period). Note that the time period option may not be used if “Submittal Type” in Section III is “Other.”

If the RO authority is being delegated to a DAR, a completed and signed Form OP-DEL entitled “Delegation of Responsible Official” must also be submitted in order for the DAR certification to be valid. Form OP-DEL need not be included in subsequent submittals unless there is a new appointment or an administrative information change regarding the DAR.

This form must bear the signature of the RO, DAR, DR, or ADR and a signature date in order for the certification to be valid. **The Signature Date, which will be used to validate signature authority of the RO, DAR, DR, or ADR, must be on or after the effective date of the RO, DAR, DR, or ADR certifying to the change.** Signature stamps can be accepted in place of an original signature. No electronic submittals can be accepted. Faxes and photocopies can be accepted in place of an original certification form; however, a follow-up submittal of the original signed certification form is requested. **This certification does not extend to information which is designated by the TCEQ as “information for reference only.”** Please refer to the TCEQ guidance entitled “Applying for an Initial Title V permit” or “Responsible Official Certifications” for additional information.

IMPORTANT: At any time after the initial permit application submittal when a new RO, DR, or ADR is appointed, or there is a change to the administrative information regarding the RO, DR, or ADR (e.g., address, phone number, title), the applicant must submit a completed Form OP-CRO2 “Change of Responsible Official Information,” to the TCEQ Air Permits Division for notification

purposes. At any time after the initial permit application submittal that a new DAR is appointed, or there is a change to the administrative information regarding the DAR, the applicant must submit a completed Form OP-DEL to the TCEQ Air Permits Division for notification purposes.

Specific:

I. IDENTIFYING INFORMATION

Note: Please use these instructions when completing Section V if applicable.

- A. **RN:** Enter the regulated entity reference number (RNXXXXXXXXXX) for the site. This number is assigned by the TCEQ as part of the central registry process. If a regulated entity reference number has not yet been assigned, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space.
- B. **CN:** Enter the Customer Reference Number (CNXXXXXXXXXX). This number is assigned by the TCEQ as part of the central registry process. If a customer reference number has not yet been assigned, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space.
- C. **Account No:** Enter the primary TCEQ account number (XX-XXXX-X) for the site if assigned. (Some newer facilities will not have this number, in which case the space should be left blank.)
- D. **Permit No.:** Enter the operating permit number, if assigned (OXXXXX). If this is the first submittal regarding an initial application for an SOP, a TOP, or a GOP, the permit number will be assigned upon receipt by the TCEQ. In this case, enter “TBA” for “to be assigned.” The permit number will appear on all correspondence from the TCEQ regarding the application.
- E. **Project No.:** Enter the project number that identifies this specific permitting action, if assigned (XXXX). If this is the first submittal regarding an initial, revision, or renewal application submittal (SOP, TOP, or GOP), the project number will be assigned upon receipt by the TCEQ. In this case, enter “TBA” for “to be assigned.” The project number will appear on all correspondence from the TCEQ regarding the application.
- F. **Area Name:** Enter the area name used in the “Application Area Information” section of the most recent Form OP-1 (Site Information Summary) submitted with the application (maximum 50 characters). If there is only one permit at the site, the area name is the same as the site name.
- G. **Company Name:** Enter the name of the company for which the application is being submitted (maximum 50 characters). The company name on this form should be the same as the Customer Name listed in Section II of the TCEQ Core Data Form.

II. CERTIFICATION TYPE

Indicate the type of certification by marking the appropriate box or boxes.

- A. **Responsible Official:** Select this option if certification is being made by the RO.
- B. **Duly Authorized Representative:** Select this option if certification is being made by the DAR. The DAR must have been previously designated using Form OP-DEL (Delegation of Responsible Official), or a completed OP-DEL must accompany the Form OP-CRO1.

III. SUBMITTAL TYPE

Indicate the type of attached submittal by entering an “X” in the box next to one of the following options:

- A. **SOP/TOP Initial Permit Application:** Select the option if this certification accompanies the first submittal regarding an initial SOP or TOP application.
- B. **GOP Initial Permit Application:** Select this option if this certification accompanies the first submittal regarding an initial GOP application.

- C. Permit Revision, Renewal, or Reopening:** Select this option if this certification accompanies the first submittal regarding a revision, reopening, or renewal application for an SOP, TOP, or GOP.
- D. Update to Permit Application:** Select this option if this certification addresses updates to any permit application (initial, revision, renewal) currently under review. Application updates include administrative changes, responses to deficiency notices or requests for information from the reviewer, working draft permit comments, public notice information, or other follow-up information submitted prior to issuance.
- E. Other:** Select this option if the submittal is not one of the types listed above. Identify the type of submittal in the space provided (maximum 25 characters). Examples include, but are not limited to:
- Annual Compliance Certification
 - Progress Report
 - Deviation Report
 - Monitoring Report
 - Test Report

IV. CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

Certifier Name: Print or type the name of the RO or DAR (maximum 25 characters).

Certifier Type: Enter the type of signature authority held by the certifier, “RO” or “DAR.”

Documentation Dates: Enter either a Time Period or Specific Date(s) as defined below. These dates will be used to link the Form OP-CRO1 to the documentation being certified. Do not enter signature dates. ***This section must be completed. The certification is not valid without documentation date(s).*** Note that all submittals containing application-related information (including by fax or e-mail) must be certified.

Time Period: Enter the start and end dates of the time period that contains all submitted application documentation (MM-DD-YYYY) that was not previously certified. This option may only be used when:

- The “Submittal Type” is ‘Update to Permit Application’ and there are multiple uncertified submittals; or
- A submittal package has multiple dates recorded in the documentation.
Do not use the Time Period option if the “Submittal Type” is ‘Other.’

Specific Dates: Enter a date or date(s) (MM-DD-YYYY) for each application submittal that was not previously certified. If a submittal package has multiple dates recorded in the documentation, each date may be listed, or the overall submittal date (e.g., cover letter date) may be listed. Please do not repeat documentation dates on multiple certifications. If more than eight (8) date spaces are needed, use multiple forms.

Signature: A signature of the RO or DAR is required. No electronic submittals can be accepted. Signature stamps can be accepted in place of an original signature.

Signature Date: Enter the date this form was signed by the RO or DAR (MM-DD-YYYY). The certifier must have signature authority on this date in order for certification to be valid.

Title: Enter the job title of the RO or DAR.



Form OP-CRO1, Page 2 - Instructions

Certification by Designated Representative For Affected Sources that are subject to the following Programs: Acid Rain, Clean Air Interstate Rule (CAIR), Clean Air Mercury Rule (CAMR)

Specific:

I. IDENTIFYING INFORMATION

Please use the same instructions for Section I Form OP-CRO1, Page 1.

II. CERTIFICATION TYPE

Indicate the type of certification by marking the appropriate box or boxes.

- A. Designated Representative:** Select this option if this form is being used as certification by the DR.
- B. Alternate Designated Representative:** Select this option if this form is being used as certification by the ADR.

III. PERMIT and SUBMITTAL TYPE

- A.** Indicate the Permit type of attached by marking the box next to the applicable option(s):
- Acid Rain
 - CAIR
 - CAMR
- B.** Indicate the Submittal type of attached by marking the box next to one of the following options:
- Initial Permit Application
 - Update to Permit Application
 - Permit Revision or Renewal
 - Other

IV. CERTIFICATION

Print or type the name of the DR or ADR (maximum 25 characters). Enter the type or types of signature authority held by the certifier as "DR," or "ADR".

Note: Enter EITHER a Time Period OR Specific Date(s) as defined below; these dates will be used to link the Form OP-CRO1, page 2 to the documentation being certified. The certification is not valid without documentation date(s). Do not enter signature dates.

1. **Time Period:** Enter the start and end dates of the time period that contains all previous and currently submitted, and as yet uncertified, documentation (MM-DD-YYYY). Start and end dates are allowed only when certifying updates to the permit application or when a submittal package has multiple dates recorded in the documentation. The DR or ADR must have signature authority for the entire time period indicated. *Do not use a time period if the "Submittal Type" is "Other".*
2. **Specific Dates:** Enter the date(s) recorded on all previous and currently submitted, and as yet uncertified, documentation (MM-DD-YYYY). Multiple dates are allowed only when certifying updates to the permit application or when a submittal package has multiple dates recorded in the documentation. The DR or ADR must have signature authority for all documentation dates indicated.

Signature: A signature of the DR or ADR is required. No electronic submittals can be accepted. Signature stamps can be accepted in place of an original signature.

Signature Date: Enter the date this form was signed by the DR or ADR (MM-DD-YYYY). *This date will be used to ensure signature authority and is required in order for certification to be valid.*

Extension Page:

V. ADDITIONAL IDENTIFYING INFORMATION

Complete this table only if this certification form is being used to certify information on multiple application areas or sites for which the RO, DAR, DR, or ADR has signature authority. Please see the instructions in Section I of this form for completing the identifying information.



**Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program**

All initial permit application, revision, renewal, and reopening submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. IDENTIFYING INFORMATION		
A. RN:	B. CN:	C. Account No.:
D. Permit No.:		E. Project No.:
F. Area Name:		
G. Company Name:		
II. CERTIFICATION TYPE <i>(Please mark the appropriate box)</i>		
A. <input type="checkbox"/> Responsible Official:		B. <input type="checkbox"/> Duly Authorized Representative:
III. SUBMITTAL TYPE <i>(Place an "X" in the appropriate box) (Only one response can be accepted per form)</i>		
<input type="checkbox"/> SOP/TOP Initial Permit Application	<input type="checkbox"/> Update to Permit Application	
<input type="checkbox"/> GOP Initial Permit Application	<input type="checkbox"/> Permit Revision, Renewal, or Reopening	
<input type="checkbox"/> Other: _____		
IV. CERTIFICATION OF TRUTH		
This certification does not extend to information which is designated by the TCEQ as information for reference only.		
I, _____, certify that I am the _____ for this application <i>(Certifier Name printed or typed)</i> <i>(RO or DAR)</i>		
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period in Section IV.A below, or on the specific date(s) in Section IV.B below, are true, accurate, and complete:		
<i>Note: Enter EITHER a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>		
A. Time Period: From _____ to _____ <i>Start Date*</i> <i>End Date*</i>		
OR		
B. Specific Dates: _____ <i>Date 1*</i> <i>Date 2*</i> <i>Date 3*</i> <i>Date 4*</i> <i>Date 5*</i> <i>Date 6*</i> <i>Date 7*</i> <i>Date 8*</i>		
<i>*The Time Period option may only be used when the "Submittal Type" is 'Update to Permit Application' and there are multiple uncertified submittals; or a submittal package has multiple dates recorded in the documentation. Do not use the Time Period option if the "Submittal Type" is 'Other.'</i>		
Signature: _____		Signature Date: _____
Title: _____		



**Form OP-CRO1
Certification (Extension)
Federal Operating Permit Program**

V. ADDITIONAL IDENTIFYING INFORMATION	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name:
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Project No.:	F. Area Name: