



Instructions for General Account Form

The regulations for the Acid Rain Program (ARP), and the Cross State Air Pollution Rule (CSAPR) trading programs, and the Texas SO₂ Trading Program (TXSO₂) - require any person, company, or organization wishing to open a general account for the purpose of holding and transferring allowances to submit a completed General Account form. You also may use this form to change the information previously submitted for a general account, such as the identity of the authorized account representative. In such cases, enter your allowance account identification number in the space provided at the top of the form. Note: A compliance account can only be established, and information concerning a compliance account can only be changed, by submitting a Certificate of Representation form.

If you need assistance, call the Clean Air Markets Hotline at 202-343-9620.

STEP 1 The Authorized Account Representative for a general account must be an individual (i.e., a natural person).

STEP 2 The owners may choose an alternate to act on behalf of the Authorized Account Representative.

STEP 3 Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the authorized account representative, and, if applicable, the alternate authorized account representative, identified in Steps 1 and 2. If you (the authorized account representative) are the only person with an ownership interest in the allowances held in the account, list your name here. If additional space is needed, please attach a separate sheet of paper.

STEP 4 If you are establishing a general account, both the authorized account representative and the alternate (if any) must sign and date the certifications. You are encouraged to use the CAMD Business System (CBS) to submit general account information online. To register for CBS, go to <https://camd.epa.gov/CBS/login/auth>.

Paperwork Burden Estimate

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control Nos. 2060-0258 and 2060-0667). Responses to this collection of information are voluntary (40 CFR 73.31, 73.33, 97.420, 97.520, 97.620, 97.720, 97.820, and 97.920). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 10 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.



General Account Form

For more information, see instructions.

This submission is: New (to open a new general account)
 Revised (to revise information on an existing general account)

This account is authorized to hold allowances in these programs:

- | | |
|---|--|
| <input type="checkbox"/> Acid Rain | <input type="checkbox"/> CSAPR SO2 Group 1 |
| <input type="checkbox"/> CSAPR NO _x Annual | <input type="checkbox"/> CSAPR SO2 Group 2 |
| <input type="checkbox"/> CSAPR NOX Ozone Season Group 1 | <input type="checkbox"/> Texas SO ₂ |
| <input type="checkbox"/> CSAPR NOX Ozone Season Group 2 | |

If you are opening a new allowance account, complete all steps in this form. If this is a revised submission, enter your account # and account name and complete Step 4 to authorize the change of information. Only the authorized account representative or alternate authorized account representative can authorize the change.

| |
|--------------|
| Account # |
| Account Name |

STEP 1
Enter requested information for the authorized account representative.

| | |
|-----------------|------------|
| Name | Title |
| Company Name | |
| Mailing Address | |
| Phone Number | Fax Number |
| Email Address | |

STEP 2
Enter requested information for the alternate authorized account representative (required only if you want the general account to have an alternate authorized account representative).

| | |
|-----------------|------------|
| Name | Title |
| Company Name | |
| Mailing Address | |
| Phone Number | Fax Number |
| Email Address | |

STEP 3

Enter the names of all parties (persons or companies) subject to the binding agreement authorizing your representation of the account.

| |
|------|
| Name |
| Name |
| Name |
| Name |

STEP 4

Read the certifications and sign and date.

Acid Rain Program

I certify that I was selected under the terms of an agreement that is binding on all persons who have an ownership interest with respect to allowances held in the Allowance Tracking System account. I certify that I have all necessary authority to carry out my duties and responsibilities on behalf of the persons with an ownership interest and that they shall be fully bound by my actions, inactions, or submissions under 40 CFR part 73. I am authorized to make this submission on behalf of the persons with an ownership interest for whom this submission is made.

I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting material information, including the possibility of fine or imprisonment for violations.

CSAPR NO_x Annual Trading Program

I certify that I was selected as the authorized account representative or the alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to CSAPR NO_x Annual allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_x Annual Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the general account.

I am authorized to make this submission on behalf of the persons having an ownership interest with respect to the CSAPR NO_x Annual allowances held in the general account. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

CSAPR NO_x Ozone Season Group 1 Trading Program

I certify that I was selected as the authorized account representative or the alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to CSAPR NO_x Ozone Season

Group 1 allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_x Ozone Season Group 1 Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the general account.

I am authorized to make this submission on behalf of the persons having an ownership interest with respect to the CSAPR NO_x Ozone Season Group 1 allowances held in the general account. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

CSAPR NO_x Ozone Season Group 2 Trading Program

I certify that I was selected as the authorized account representative or the alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to CSAPR NO_x Ozone Season Group 2 allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_x Ozone Season Group 2 Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the general account.

I am authorized to make this submission on behalf of the persons having an ownership interest with respect to the CSAPR NO_x Ozone Season Group 2 allowances held in the general account. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

CSAPR SO₂ Group 1 Trading Program

I certify that I was selected as the authorized account representative or the alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to CSAPR SO₂ Group 1 allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR SO₂ Group 1 Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the general account.

I am authorized to make this submission on behalf of the persons having an ownership interest with respect to the CSAPR SO₂ Group 1 allowances held in the general account. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties

for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

CSAPR SO₂ Group 2 Trading Program

I certify that I was selected as the authorized account representative or the alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to CSAPR SO₂ Group 2 allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR SO₂ Group 2 Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the general account.

I am authorized to make this submission on behalf of the persons having an ownership interest with respect to the CSAPR SO₂ Group 2 allowances held in the general account. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Texas SO₂ Trading Program

I certify that I was selected as the authorized account representative or the alternate authorized account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to Texas SO₂ Trading Program allowances held in the general account. I certify that I have all the necessary authority to carry out my duties and responsibilities under the Texas SO₂ Trading Program on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the general account.

I am authorized to make this submission on behalf of the persons having an ownership interest with respect to the Texas SO₂ Trading Program allowances held in the general account. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

| | |
|---|------|
| Signature (Authorized Account Representative) | Date |
| Signature (Alternate Authorized Account Representative, if any) | Date |

STEP 5 (Optional)
Respond to the questions by marking all appropriate boxes. (EPA will use this information for program evaluation purposes only.)

Is the authorized account representative employed by an allowance brokerage firm?

- No
- Yes (if yes, please mark all boxes that apply)
 - This account will be used to transfer allowances between clients
 - This account will be used to hold allowances for investment purposes
 - This account will be used for other purposes

What types of business are represented by the owner(s) of allowances in this account (mark all boxes that apply)?

- Utility
- Non-Utility Generators of Electricity
- Industrial Boiler
- Fuel Supplier
 - _____ Coal _____ Oil
 - _____ Gas _____ Other
- Pollution Control Equipment Manufacturer or Distributor
- Public Interest Group
 - _____ Consumer _____ Other
 - _____ Environmental

Other _____

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Submission Information

Mail to the following address:

By regular/certified mail:

U.S. Environmental Protection Agency
 Clean Air Markets Division
 Mail Code (6204M)
 Attn: Allowance Tracking System
 1200 Pennsylvania Avenue NW
 Washington, DC 20460

Or overnight mail:

U.S. Environmental Protection Agency
 Clean Air Markets Division
 7th Floor, Room # 7421F
 Attn: Allowance Tracking System
 1201 Constitution Avenue NW
 Washington, DC 20004
 (202) 343-9105