



Instructions for General Account Form

The Acid Rain Program and Cross State Air Pollution Rule Programs (CS NO_x Annual, CS SO₂ Groups 1 and 2, and CS NO_x Ozone Season Groups 1 and 2) regulations 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 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/loginrequest/index.cfm>.

For more information see the applicable rule:

Acid Rain: 40 CFR 73.31
CSAPR NO_x Annual: 40 CFR 97.420
CSAPR NO_x Ozone Season: 40 CFR 97.520
CSAPR SO₂ Annual: 40 CFR 97.620 or 97.720

Paperwork Burden Estimate

The public reporting and recordkeeping burden for this collection of information is estimated to average 10 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. 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.

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, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 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:

- Acid Rain
- CSAPR NO_x Annual Trading
- CSAPR SO₂ Group 1 Trading
- CSAPR SO₂ Group 2 Trading
- CSAPR NO_x Ozone Season Group 1 Trading
- CSAPR NO_x Ozone Season Group 2 Trading

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
E-mail 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
E-mail 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_s 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.

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 _____

Submission Information

Mail to the following address:

By regular/certified mail:

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

Or overnight mail:

U.S. Environmental Protection Agency
 Clean Air Markets Division (6204M)
 Attn: Allowance Tracking System
 1201 Constitution Avenue, NW
 7th Floor, Room #7421C
 Washington, DC 20004
 (202) 343-9168