

Self-Certification Statement

Please note: Before you sign the following certification statement, please check off the following boxes to make sure you have:

- Read and understood the accompanying Compliance Assistance Workbook;
- Completely read and fill out this form (all questions should be answered unless you are directed to skip a question);
- Filled out, initialed and attached any required Return-to-Compliance Plan(s) (if needed); and
- Indicated the number of questions/requirements that are out of compliance for which you were directed to fill out a Return-to-Compliance Plan here: _____

Document Certification

Facility Name: _____

Facility Registration Number: _____

Facility Location: _____

Type of Submittal Attached: _____

Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Responsible Official (Print): _____

Title: _____

Signature: _____

Date: _____

Mailing Address: _____

Telephone: _____

Check the job position that applies to you. You must have one of the following positions to sign this form:

- Business Owner
- If business is a partnership, General Partner
- If business is a sole proprietorship, Proprietor
- If business is a government facility, Most Senior Manager authorized by terms of employment
- If business is an educational facility, Instructor responsible for the auto body program

If business is a Corporation:

- President Secretary Treasurer
- Vice President (If authorized by corporate vote.)
- Representative of the above (If authorized by corporate vote and if responsible for overall operation of the shop.)

Return this form to:

Virginia Department of Environmental Quality
Northern Virginia Regional Office
Attn. Auto Body Self-Certification Program
13901 Crown Court
Woodbridge, VA 22193