



Responsible Official Signature  
Polk County Public Works – Air Quality Division

<b>(1) Company Name</b>
Legal Name: _____

<b>(2) Responsible Official (RO) Certification</b> (RO – As defined in Board of Health Rules - <a href="#">Chapter V</a> )
<i>I certify that based on information and belief formed after reasonable inquiry, the enclosed documents including the attachments are true, accurate, and complete.</i>
<b>Responsible Official (RO) Signature (Required):</b> _____ <b>Date:</b> _____
<b>Print Name:</b> _____
<b>Title:</b> _____