newjersey department of environmental protection

njdep online

AQPP Air Quality Permitting Program

RADIUS Certification Authorization Form

This certification authorization is required to satisfy the federal reporting requirements of EPA's Cross-Media Electronic Reporting Regulations (CROMERR). Users who wish to complete major source (Title V) RADIUS Emission Statement submittals and Operating Permit applications via NJDEP Online must fill out this form and submit it to NJDEP in order to obtain the authorization necessary to certify the submittals.

This Certification Authorization Form is only required for individuals at major source (Title V) facilities who wish to submit RADIUS files online. It is not required for minor source submittals, or for major or minor source submittals sent via postal mail, since those are not subject to CROMERR.

Instructions

ONE FORM PER CERTIFIER

Please note that each certifier must complete a separate RADIUS Certification Authorization Form.

1. Prior to submission of this form, users must create an account in NJDEP Online. If you do not already have an account, you can create one by following the instructions at: http://njdeponline.com/.
2. Fill out Part A of this form: Certifier Information. All items in this section are required.
3. Fill out Part B of the form if you are a Responsible Official as described in Part B

   and/or

   Fill out Part C of the form if you are an Individual With Direct Knowledge as described in Part C.

   Note that you must be either a Responsible Official or an Individual With Direct Knowledge at a facility in order to be able to certify permit applications or emission statements for that facility. Some users may fill both roles.
4. Mail or fax the completed and signed form to:

   NJDEP Air Quality Permitting Program
   ATTN: RADIUS Certification Authorization
   Mail Code 401-02
   P.O. Box 420
   Trenton, NJ 08625-0420

   FAX: (609) 777-4183

Part A. Certifier Information

Note: All fields are required. If any information is not provided, the form may be rejected as incomplete by DEP.

Name:	Organization:	Title:
Mailing Address:		
Telephone Number:	E-mail Address:	DEP Online User ID:

Part B. Request for Responsible Official (RO) Role

Fill out this section if you are a Responsible Official at one or more facilities.

I request the Responsible Official (RO) role for the facility(s) identified below in order to be able to submit and certify RADIUS files on behalf of the facility(s) in DEP Online.

A Responsible Official is defined in the New Jersey Administrative Code as one of the following:

- **For a corporation:** (i) A president, secretary, treasurer, or vice president of the corporation, who is in charge of a principal business function; (ii) Any other person who performs similar policy or decision making functions for the corporation; or (iii) A duly authorized representative of the person in (i) or (ii) above, if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a preconstruction permit or certificate, or an operating permit, and either: (1) The facilities for which the representative is responsible employ more than 250 persons or have gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars); or (2) The delegation of authority to the representative is approved in writing in advance by the Department
- **For a partnership:** A general partner
- **For a sole proprietorship:** The proprietor
- **For a government agency:** A ranking elected official or a principal executive officer

Responsible Official access requested for:

Facility ID (Program Interest Number)	**Facility Name**	**Facility Telephone Number**	**Facility Address**

Attach additional sheets if necessary.

Responsible Official Certification and Signature

I certify under penalty of law that all documents and attachments submitted electronically under my User ID were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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. I accept full legal responsibility as the Responsible Official for all information submitted electronically for the facilities for which I am the Responsible Official. I understand that the unique combination of the password, Challenge Question responses, and PIN associated with my User ID comprise my electronic signature, which is legally binding as if it were my handwritten signature. Therefore, I will not share my password, Challenge Question responses, or PIN with any other person, and I will protect my password, Challenge Question responses, and PIN at all times. If any of these credentials are compromised, I will change my password and PIN and notify NJDEP immediately at portalcomments@dep.nj.gov

_____ _____

Signature Date

Part C. Request for Individual With Direct Knowledge (IWDK) Role

Fill out this section if you are an Individual With Direct Knowledge at one or more facilities.

I request the Individual With Direct Knowledge (IWDK) role for the facility(s) identified below in order to be able to submit and certify RADIUS files on behalf of the facility(s) in DEP Online.

An Individual With Direct Knowledge is the individual or individuals (including any consultants) with direct knowledge of and responsibility for the information contained in the certified document.

Individual With Direct Knowledge access requested for:

Facility ID (Program Interest Number)	**Facility Name**	**Facility Address**	**Facility Contact & Telephone Number***

**This is the name and telephone number of someone at the facility who can verify your authority to submit files on the facility's behalf.*

Attach additional sheets if necessary.

Individual With Direct Knowledge Certification and Signature

I certify under penalty of law that all documents and attachments submitted electronically under my User ID are, 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. I understand that the unique combination of my Password, Challenge Question Responses, and PIN associated with my User ID comprise my electronic signature, which is legally binding as if it were my handwritten signature. Therefore, I will not share my Password, Challenge Question Responses, or PIN with any other person, and I will protect my Password, Challenge Question Responses, and PIN at all times. If any of these credentials are compromised, I will change my password and PIN and notify NJDEP immediately at portalcomments@dep.nj.gov

_____ _____

Signature Date

____This page is for NJ DEP Use Only_____

☐ This request has been approved in its entirety.

<OR>

☐ This request has been approved with the following exceptions:

List exceptions and reason for exceptions here:

Access Level (RO/IWDK)	*Facility ID (PIN)*	*Facility Name*	*Reason for Exception*

Reviewed and Approved By:

_____
Name of DEP Official

_____ _____
Signature *Date*