

Department of Environmental Conservation

DIVISION OF AIR QUALITY
AIR PERMITS PROGRAM

Confidentiality of Records Application and Certification

The following form is provided as a courtesy to aide Applicants who intend to request that portions of their application be considered confidential. Use of this form is not required, but is provided as a means of meeting the requirements of AS 46.14.520.



ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

**CONFIDENTIALITY OF RECORDS
APPLICATION AND CERTIFICATION**

STATE OF _____)
 : ss.
 _____ JUDICIAL DISTRICT)

Applicants Name _____
Applicants Title _____
Representing _____
Address _____
Telephone _____
Facsimile _____

In accordance with AS 46.14.520, application is hereby made to the Alaska Department of Environmental Conservation to treat as confidential records the parts of the records identified below that are marked "TRADE SECRETS" unless the applicant gives written approval for disclosure, the records lose their status as trade secrets under AS 40.50.910 – 45.50.945, or if state or federal law (including an administrative or judicial order) requires disclosure. I understand that any emission data in these records are not confidential and must be disclosed upon request.

AUTHOR, TITLE, DATE, TYPE, AND NUMBER OF PAGES OF RECORDS SUBJECT TO AS 46.14.520:

I hereby certify, under oath, that public disclosure of any parts of these records that are marked "TRADE SECRETS" would (1) tend to adversely affect the owner's and operator's competitive position, and (2) divulge production figures, sales figures, processes, production techniques, or financial data of the owner and operator that are entitled to protection as trade secrets under AS 45.50.910 – 45.50.945.

I further certify that I have authority to apply on behalf of _____.

Applicant's Signature

THIS CERTIFIES that on this ____ day of _____, 20____, _____
appeared before me, a notary public in and for the State of _____, for the purposes stated herein.

IN WITNESS WHEREOF, I have affixed my signature and seal on the day and year first above written.

Notary Public, State of _____
My commission expires: _____