I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name), certify the following:

1. I am a professional engineer licensed in the District of Columbia by the Department of Licensing and Consumer Protection (DLCP). My license number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I have reviewed the enclosed Odor Control Plan on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (source owner or operator) for their operations at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address or facility name).
3. I believe that the proposed engineering controls in the enclosed Odor Control Plan are/will be effective to reduce odors from the source.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 SIGNATURE DATE

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 PRINT NAME