



Kansas Department of Health and Environment – Bureau of Air
1000 SW Jackson, Suite 310, Topeka, KS 66612
Phone: (785) 296-6024 Fax: (785) 559-4256

Kansas Environmental Information Management System (KEIMS) Electronic Reporting Certification Form

Please complete a separate certification form for each application or report.

Facility Name:
Source ID Number:
Submission Number:
Check Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No Check No. _____

This form must be completed and signed by a responsible official, as defined in K.A.R. 28-19-200, representing the owner or operator of the source.

I hereby certify that the information and statements contained in this certification form, report, application, and any supporting documents are true, accurate and complete. I am aware that knowingly making a false statement or misrepresenting the facts presented in these documents is violation of state law.

Responsible Official' Name:
Responsible Official' Signature:
Date:

After electronically submitting your document, please complete this certification form (one form for each submittal). Mail this form to the address below along with the application or report summary and any required fee payment.

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If you have questions please contact KDHE BOA at (785) 296-6024.