

Operating Industries, Inc.

Certification Statement for Ability to Pay Information



I am the authorized agent for the below-designated entity or individual. I have personally examined and am familiar with the information submitted in this application and all of its attachments. I certify under penalty of perjury that, to the best of my knowledge and belief, and based on reasonable investigation, the submitted information is true, accurate and complete. On behalf of the below-designated entity or individual, I acknowledge a continuous and ongoing obligation to update EPA should any additional information relevant to this application become available, including but not limited to any material changes to the entity or individual's financial condition, prior to final execution of the settlement agreement. I also understand that knowingly making a false statement in this application or its attachments, or withholding or intentionally omitting material information, may be grounds for EPA to deny my claim of an inability to fully pay the costs in question, and may also subject me to significant criminal, civil, or administrative penalties, including the possibility of fine and imprisonment.

---

DATE

---



---

SETTLING PARTY

---

SIGNATURE OF AUTHORIZED AGENT

---

PRINTED NAME OF AUTHORIZED AGENT

---

TITLE OF AUTHORIZED AGENT