Massachusetts Department of Environmental Protection
Bureau of Air and Waste

AQ32: Mandatory Greenhouse Gas Emissions Reporting Form for Retail Sellers of Electricity

A. Basic Information

Retail Seller Company/Organization Information

Company/Organization Name:

Mailing Address:

City/Town:

State:

Zip Code:

Website:

Massachusetts DPU Competitive Supplier number, if applicable:

Retail Seller Contact:

Contact Name:

Contact Title:

Mailing Address:

City/Town:

State:

Zip Code:

Telephone Number:

Email Address:

Alternate Contact (optional):

Contact Name:

Contact Title:

Mailing Address:

City/Town:

State:

Zip Code:

Telephone Number:

Email Address:

B. Electricity Generation & Greenhouse Gas (GHG) Emissions Summary

GHG emissions must be calculated using the mandatory AQ32 spreadsheet.

Emissions Reporting Year:

Total MWh (from Step 1 of the AQ32 spreadsheet):

Massachusetts-Based GHG Emissions (from Step 4 of the AQ32 spreadsheet)

Non-Biogenic Emissions (Short Tons CO_2e):

Biogenic Emissions (Short Tons CO_2):

Regional GHG Emissions (from Step 4 of the AQ32 spreadsheet)

Non-Biogenic Emissions (Short Tons CO_2e):

Biogenic Emissions (Short Tons CO_2):

C. Certification Statement, Signature and Authority

“Any person required by 310 CMR 7.75 to submit documentation to the Department shall provide: 1. The person’s name, title and business address; 2. The person’s authority to certify and submit the documentation to the Department; and… 3. The following certification…” in accordance with 310 CMR 7.75(9)(a)3.

"I hereby certify, under the pains and penalties of perjury, that I have personally examined and am familiar with the information submitted herein and, based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties, both civil and criminal, for submitting false information, including possible fines and imprisonment."

Authorized Signature:

Printed Name:

Title:

Date Signed (MM/DD/YYYY):

Source of Signatory Authority (please choose only one from the following list):

- ◯ Corporation President
- ◯ Corporation Secretary
- ◯ Corporation Treasurer
- ◯ Corporation Vice President (if authorized by corporate vote)
- ◯ Corporation Representative of the above (if authorized by corporate vote)
- ◯ General Partner of a Partnership
- ◯ Proprietor of a Sole Proprietorship
- ◯ Principal Executive Officer of a Municipality or Public Agency
- ◯ Ranking Elected Official of a Municipality or Public Agency (empowered to enter into contracts on behalf of the municipality or public agency)