



Initial Notification of Applicability

Stationary Reciprocating Internal Combustion Engines

National Emission Standards for Hazardous Air Pollutants

Subpart ZZZZ

40 C.F.R. Part 63

1. Company Information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:

2. Site Contact Person:

Name:	Telephone number:
Title:	E-mail address:

3. Facility Information:

- Yes, I am subject to 40 C.F.R. Part 63 Subpart ZZZZ, National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines.
- No, I am not subject to 40 C.F.R. Part 63 Subpart ZZZZ, National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines, for the following reason(s):

4. Engine Identification:

ID	Size (HP)	Type ^a	Emergency or Non-emergency	Fuel Type	Installation Date

^a Compression ignition, spark ignition 2-stroke lean burn, spark ignition 4-stroke lean burn, or spark ignition 4-stroke rich burn.

5. Certification

I certify, under penalty of law that the information on this notification form is true, accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Name/title: _____

Telephone & Email address: _____

Please complete this form, print, sign, and submit to:

Oregon Department of Environmental Quality
ATTN: NESHAP
Air Quality Division, Program Operations
700 NE Multnomah St., Suite 600
Portland, OR 97232-4100