

Administrative Information and Certification

Facility name: _____ Permit number: _____

1. Site identifier:		
2. Legal Name:		
3. Mailing Address:	P.O. Box or Street number	
	City, State, ZIP	
4. Facility Address:	Street number or description	
	City, County, ZIP	
	Tax lot #	
5. Owner:	Name	
	Phone number	
6. Contact Person:	Name	
	Title	
	Phone number	
	Email	
	Fax number	
7. Business activity:	Description	
	Standard Industrial Classification (SIC) code	
8. Other DEQ permits:		

Statement of Certification:

I have reviewed this application and all supporting documentation in their entirety and to the best of my knowledge, information, and belief formed after reasonable inquiry, the statements and information contained herein are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

The status of this facility's compliance with all air pollution control applicable requirements is reported in this application along with the methods to be used for compliance demonstration. For applicable requirements with which this facility is in compliance, this facility will continue to comply with such requirements. For applicable requirements that will become effective during the permit term, this facility will meet such requirements on a timely basis. If there are any applicable requirements for which this facility is not in compliance, a schedule of compliance is included in this permit application describing how compliance will be achieved.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date