



Non-Technical Permit Modification

Form AQ105

Instructions

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This form is for requesting a non-technical modification to a Basic, Simple, Standard Air Contaminant Discharge Permit (ACDP), or Assignment to a General ACDP. This form should not be used for requesting name changes or transfer of ownership. Form AQ103 should be used for those changes.

1. **Company:** Enter the legal name of the new company as it is registered with the State of Oregon Corporations Division and mailing address. Also enter the number of employees for the corporation.
2. **Facility Location:** Enter the common name of the facility and address if different from the information provided in question 1. If the common name is the same, enter "same".
 - Provide the mailing address and physical location (i.e., the street address) for the facility. If the facility is not located on a street, provide other directional information such as nearby cross streets (i.e., northwest of Third Avenue at Howard Street). If the facility is located in an industrial park, provide the name and address of the park.
 - Provide the city name, county, and zip code. If the facility is located in an unincorporated area of a county, enter "unincorporated" and identify the nearest incorporated municipality.
 - Provide the number of employees that work at the facility location.
3. **Non-technical modification request:** Describe the non-technical modification
4. **Signatures:** Sign the form and submit it along with a check payable to DEQ for the total amount due. If this is a sale or merger, then the form must be signed by a representative of each business entity.
5. **Fees:** Include the fees listed under OAR 340-216-8020, Table 2, Part 4 with the application.
6. **Where to submit the application:** Submit two copies of the application along with the fees to DEQ's Business Office: (Please write the source number on the check.)

Oregon Department of Environmental Quality
Financial Services - Revenue Section
700 NE Multnomah St., Suite 600
Portland, OR 97232-4100

Non-Technical Permit Modification

For DEQ Use Only	
Permit number:	Date received:
Application No.	Regional office:
Check No.	Amount \$

1. Company	2. Facility Location
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees (corporate):	Number of employees (facility):

3. Describe the non-technical permit modification, including revisions to permit conditions, if necessary.

4. Signature:

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

5. Fee Information: (Make the check payable to DEQ)

Non-technical permit modification (OAR 340-216-8020, Table 2, Part 4): \$432.00

6. Where to send the application: Submit two copies of the completed application along with the fees to:

Oregon Department of Environmental Quality
 Financial Services - Revenue Section
 700 NE Multnomah St., Suite 600
 Portland, OR 97232-4100.

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1. Company Information:

Legal Name:	Other company name (if different from legal name):
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2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	