



State of Oregon  
Department of  
Environmental  
Quality

**Off-Permit Change Notification**

Facility name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**Part A**

1.	Contact Person:	Name	
		Title	
		Phone number	
		e-mail address	
		Fax number	
2.	Describe the change:		
3.	Date change will take effect:		
4.	Will there be any change in emissions within the PSEL as a result of the off-permit change? If yes, complete Part B and attach documentation.		
5.	Pollutants		
6.	Will the change be subject to any requirements not already addressed in the permit? If yes, list the new requirements by rule citation.		
7.	Is the change addressed or prohibited by the permit?		
8.	Is the change a Title 1 modification?		
9.	Is the change subject to the Acid Rain program?		
10.	Will the change violate any existing permit term or condition?		

**Statement of Certification:**

*Based on information and belief formed after reasonable inquiry, the statements and information in this document and any attachments are true, accurate and complete.*

\_\_\_\_\_  
**Name of Responsible Official**

\_\_\_\_\_  
**Title of Responsible Official**

\_\_\_\_\_  
**Signature of Responsible Official**

\_\_\_\_\_  
**Date**

**Part B**

Device/process	Pollutant	PSEL (tons/yr)	
		Before change	After change

Provide documentation below or attach the information to this form.