



Administrative Amendment

**FORM MD904
Answer Sheet**

Facility name: _____ Permit Number: _____

1.	Contact Person:	Name	
		Title	
		Phone number	
		e-mail address	
		Fax number	
2.	Describe the change:		
3.	Date change will take effect:		
4.	Change regards ownership/operational control [yes/no]		
5.	Change provides more accurate emissions data [yes/no; if yes, attach appropriate form(s)]		
6.	Construction permit incorporation [yes/no]		
	enhanced permitting procedures used [yes/no]		
	construction, purpose [describe]		
	changes in operating conditions [describe]		
7.	Suggested permit language		

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