

Application for Basic Air Contaminant Discharge Permit
Crematory Incinerators

Form AQB-004
Application

DEQ Use Only		
Permit number:	Regional office:	
Application No:	Check number:	
New <input type="checkbox"/> Renewal <input type="checkbox"/>	Amount (\$):	Date Received:
Staff initials:	Approved date:	

1. Company information:

Legal Name:			Other company name (if different from legal name):		
Mailing Address:			Site Address (if different than mailing address):		
City:	State:	Zip Code:	City:	County (required):	Zip Code:
Standard Industrial Classification (SIC)			Number of employees:		

2. Plant information:

Crematory Identification Number:	
Date crematory was or will be installed or modified:	
Projected maximum natural gas burned in a year (cubic feet):	
Maximum amount of material to be cremated in a year (tons):	

3. Is there an operator training plan on site? Yes: No:

4. Has the operator training plan been approved by DEQ? If not, attach the operator training plan.
 Yes: No:

5. Has the facility received any air quality/nuisance complaints within the last calendar year?
 Yes (explain): No:

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6. A Land Use Compatibility Statement [LUCS](#) must be submitted with applications for new permits.

7. Signature

I hereby certify that the information contained in this application are true and correct to the best of my knowledge.

Name of official (Printed or Typed)

Title of official and phone number

Signature of official

Date

Fee Information (Make checks payable to DEQ)

OAR 340-216-8020	New Permits	Permit Renewals
Initial permit application fee (Table 2, Part 1)	\$180.00	\$0.00
Annual fee (Table 2, Part 2)	\$497.00	\$0.00
Annual Cleaner Air Oregon fee	\$151.00	\$0.00
Total Fees	\$828.00	\$0.00

Submit two copies of the completed application to one of the following addresses

New or Modified Permits (include fees)
Oregon Department of Environmental Quality Financial Services – Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR 97232 - 4100
Permit Renewals (no fees) Select County:
Oregon Department of Environmental Quality

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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	