A-1.	Facility name:	A-2.	Company name (if different than facility name):
A-3.	Mailing address:	A-4.	Facility address (physical location):
A-5.	Permit number:	A-6.	Relevant "MACT Hammer" source category:
A-7.	Contact person:	A-8.	Title:
A-9.	Telephone number:	A-10.	Email address:
A-11.	Brief description of the facility:		

Use the table on the next page for questions A-12 through A-16.

- A-12. List each emission point or group of emission points at the affected source that are part of the relevant source category for which a Part 2 "MACT Hammer" application is required
- A-13. If the emission point or group of emission points a combustion device, identify the fuel used
- A-14. List each hazardous air pollutant (HAP) emitted at those emission points. If EPA has proposed standards for the relevant source category, the applicant may limit the list to those hazardous air pollutants that would be subject to control under the proposed standards
- A-15. List any existing Federal or State limitations or requirements governing emissions of hazardous air pollutants from those emission points that are part of the relevant source category for which a Part 2 application is required
- A-16. For each identified emission point or group of affected emission points, an identification of emission control technology already in place

(A-12) Emission Point(s)	(A-13) Fuel Used	(A-14) HAPs Emitted	(A-15) Existing State or Federal HAP Limitations	(A-16) Emission Controls in Place

A-17. (Optional) Recommended emission limitations for the affected source consistent with 40 CFR 63.52(f):

Emission Point(s)	Design limitation	Equipment limitation	Work practice	Operational standard

A-18. (Optional) Description of the control technologies that would be applied to meet the emission limitation, including:

Emission Point(s)	Design	Operation	Size	Estimated control efficiency

A-19. (Optional) Relevant parameters to be monitored and frequency of monitoring to demonstrate continuous compliance with the MACT emission limitation over the applicable reporting period

Emission Point(s)	Monitored parameters	Monitoring frequency

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 designated responsible official: Title of responsible official: Signature of responsible official Date (mm/dd/yy)