



MAJOR SOURCE OPERATING PERMIT APPLICATION  
**FACILITY IDENTIFICATION**

1. FACILITY NAME AND OWNER'S NAME IF DIFFERENT FROM THE FACILITY NAME:		FOR AQD USE ONLY	AQD TITLE V NO.
MAILING ADDRESS ( ST/RD/P.O. BOX ):			LOG/PERMIT NO.
CITY, STATE, ZIP CODE:			
2. FACILITY LOCATION ( ST/RD/HWY ):		COUNTY NAME:	
CITY ZIP CODE:		TELEPHONE NUMBER WITH AREA CODE:	
3. FACILITY'S PRIMARY ACTIVITY AND THE FIRST TWO DIGITS OF THE FACILITY SIC CODE( S ):			
4. CONTACT PERSON'S NAME FOR THIS PERMIT:		TITLE:	TELEPHONE NUMBER WITH AREA CODE
5. IF FACILITY IS LOCATED IN AN AREA DESIGNATED AS "NONATTAINMENT" , INDICATE THE POLLUTANT ( S ) FOR THE DESIGNATION.			
6. LIST ALL VALID AIR POLLUTION PERMITS ISSUED TO THE SOURCES CONTAINED IN THIS APPLICATION [ IDENTIFY ALL PERMITS WITH MOST RECENT PERMIT NUMBERS AND EMISSION SOURCE REFERENCE NUMBERS LISTED ON THE PERMIT(S) ].			
7. PERMIT REQUESTED FOR:			
INITIAL APPLICATION TO OPERATE : _____		RELOCATION TO OPERATE : _____	
MODIFICATION : _____		PERMIT RENEWAL TO OPERATE : _____	
REVISION ( ADMINISTRATIVE AMENDMENTS ) : _____			
8. RESPONSIBLE OFFICIAL & TITLE		TELEPHONE NUMBER WITH AREA CODE	
9. IS THIS FACILITY SUBJECT TO THE PROVISIONS GOVERNING PREVENTION OF ACCIDENTAL RELEASES OF HAZARDOUS AIR CONTAMINANTS?			
IF THE ANSWER IS YES, ARE YOU IN COMPLIANCE WITH THIS REGULATION?			_____ YES _____ NO
			_____ YES _____ NO
10. PAGE NUMBER :	REVISION NUMBER:	DATE OF REVISION:	