### MAJOR SOURCE OPERATING PERMIT APPLICATION

#### FACILITY IDENTIFICATION

1. **FACILITY NAME AND OWNER’S NAME IF DIFFERENT FROM THE FACILITY NAME:**
   - [ ] FOR AQD TITLE V NO.
   - [ ] AQD USE LOG/PERMIT NO.
   - [ ] ONLY

   **MAILING ADDRESS (ST/RD/P.O. BOX):**

   **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?**
   - [ ] YES
   - [ ] NO

   **IF THE ANSWER IS YES, ARE YOU IN COMPLIANCE WITH THIS REGULATION?**
   - [ ] YES
   - [ ] NO

10. **PAGE NUMBER:**
    - [ ] REVISION NUMBER:
    - [ ] DATE OF REVISION:

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