



NEVADA DIVISION OF  
**ENVIRONMENTAL  
PROTECTION**

**Bureau of Air Pollution Control (BAPC) - Permitting Branch**

**CONFIDENTIALITY REQUEST FORM**

Pursuant to Nevada Revised Statutes (NRS) 445B.570  
and Nevada Administrative Code (NAC) 445B.224

**Facility Name:**

**Existing Facility ID: A**

**Existing Permit Number: AP**

**Type of Facility:**

**Anticipated Permit Action:**

**Date of Request:**

*The application filing fee required by NAC 445B.224 must be submitted with the completed application. The fee for a Confidentiality Request is \$1,000. Checks must be made payable to: Nevada State Treasurer, Environmental Protection.*

*Notice: Under NRS 239 (the Nevada Public Records Act) the Bureau must hold all records as public unless declared confidential by law. (NRS 239.0113)*

**NRS 239.010(3).**

*"A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential."*

**Part 1. Company and Facility Information**

**Company Name**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Responsible Official Name and Address [NAC 445B.156]**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Facility Name and Address** *Same as "Company Name" above*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



**Part 2. Conditions for Protection**

As stated in NRS 445B.570(6), “confidential information” means information or records which:

- a) Relate to dollar amounts of production or sales;
- b) Relate to processes or production unique to the owner or operator; or
- c) If disclosed, would tend to affect adversely the competitive position of the owner or operator.

**Identify the information that is requested to be held confidential and explain how it applies to NRS 445B.570(6)**

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|----|--|
| 1. |  |
| 2. |  |
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| 8. |  |

Attach additional documentation as needed.

*Any of the information obtained pursuant to this request for confidentiality must clearly state that it is confidential pursuant to this approval. Be advised that the BAPC will verify the content of the confidential information obtained to ensure the information declared confidential conforms with this request. In addition to providing the confidential information, the BAPC requires that you submit redacted versions of any submitted information that is intended for public review. A new/updated request form shall be resubmitted for all future confidentiality requests. **Any non-confidential information received prior to this request cannot be retroactively deemed confidential.***

***THIS FORM MUST BE SUBMITTED AND APPROVED BY THE BAPC PRIOR TO SUBMITTING AN AIR QUALITY OPERATING PERMIT APPLICATION AND/OR ANY SUPPLEMENTAL INFORMATION.  
DO NOT SUBMIT CONFIDENTIAL INFORMATION BY EMAIL.***

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Responsible Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Part 3. Routing Slip** *(To be completed by the BAPC)*

**BAPC Permit Writer Approval Recommendation**

Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Permit Writer, Permitting Branch, Bureau of Air Pollution Control*

**BAPC Supervisor Approval Recommendation**

Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor, Permitting Branch, Bureau of Air Pollution Control*

**BAPC Chief Approval Recommendation**

Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Chief, Bureau of Air Pollution Control*



**Part 3. Routing Slip** *(To be completed by the BAPC)* **(continued)**

**NDEP Deputy Administrator Approval Recommendation**

Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.

Reason for denial or additional information request (if applicable):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Deputy Administrator, Nevada Division of Environmental Protection*