

Administrative Amendment Application Form

Facility Name: Click or tap here to enter text.

Existing Facility ID: AClick or tap here to enter text.

Existing Air Quality Operating Permit: APClick or tap here to enter text.



Please Submit Application to:
Nevada Division of Environmental Protection
Bureau of Air Pollution Control, Permitting Branch
901 South Stewart Street, Suite 4001
Carson City, Nevada 89701-5249
Phone (775) 687-9349

June 2020

IMPORTANT INFORMATION

- This application shall only be used for an Administrative Amendment under Nevada Administrative Code (NAC) 45B.319. If other activities that have the potential to impact air quality are planned, other applications may be required.
- A printed copy of the application must be submitted (mailed or hand delivered).
- The application filing fee of \$1,000 required by NAC 445B.319 must be submitted with the completed application. Checks must be made payable to the “Nevada State Treasurer, Environmental Protection” with “BAPC” noted in the memo line. Fees may also be submitted electronically at <https://epayments.ndep.nv.gov/>.
- The Administrative Amendment Application Form must be signed by the Responsible Official, as defined in NAC 445B.156. The certification/signature page is the last page of the application and the original “wet” signature must be provided.
- All items in the application must be addressed.
- Assistance in completing the application is available from the Business Environmental Program, University of Nevada, Reno, at (775) 689-6678 or (800) 882-3233 (toll-free).

GENERAL COMPANY INFORMATION

All applicants shall complete each item or explain in the space provided why no information is needed. Please specify "N/A" (Not Applicable) if necessary. The application will be returned to the applicant if it is deemed incomplete.

1. **COMPANY NAME AND ADDRESS THAT ARE TO APPEAR ON THE OPERATING PERMIT**
[NAC 445B.295(1)]:

(Name)

(Address)

(City)

(State)

(Zip Code)

2. Owner's Name and Address [NAC 445B.295(1)]:

(Name)

(Address)

(City)

(State)

(Zip Code)

3. Source Name and Mailing Address, if different from #1 [NAC 445B.295(1)]:

(Name)

(Address)

(City)

(State)

(Zip Code)

4. Plant Manager or Other Appropriate Contact [NAC 445B.295(1)]:

(Name)

(Title)

(Address)

(City)

(State)

(Zip Code)

(Telephone #)

(FAX #)

(E-mail address)

GENERAL COMPANY INFORMATION (CONTINUED)

5. Responsible Official Name, Title and Address [NAC 445B.295(1)]:

_____		_____	
(Name)		(Title)	

(Address)			

(City)	(State)	(Zip Code)	

(Telephone #)	(FAX #)	(E-mail address)	

6. If records required under the operating permit will be kept at a location other than the source, specify that location [NAC 445B.295(7)].

(Name)		

(Address)		

(City)	(State)	(Zip Code)

7. **Typographical Errors**
Please provide/attach a complete description of each typographical error and its location within the operating permit.
Example: Section V.A.1 - Air Pollution Equipment - should be corrected to read Air Pollution Equipment.

8. **Change of Name, Address, and/or Telephone Number**
Please provide a complete description of the requested change of name, address, or telephone number to be amended in the operating permit.

(Name)		

(Address)		

(City)	(State)	(Zip Code)

(Telephone #)	(FAX #)	(E-mail address)

9. **Minor Administrative Change (similar to a change in the name, address, or telephone number)**
Please provide/attach a complete description of the requested change and its location within the operating permit.

10. **Request to require more frequent monitoring or reporting**
Please provide/attach a complete description of the requested change in the frequency of monitoring or reporting and its location within the operating permit.

GENERAL COMPANY INFORMATION (CONTINUED)

11. Request to add serial numbers

Please provide/attach a complete description of the requested change in serial number(s) and its location within the operating permit.

12. Request for change in ownership

Please attach a written agreement specifying the date of transfer of responsibility for the operating permit, and an agreement between the current and the new holder of the operating permit regarding insurance coverage and liability.

APPLICATION CERTIFICATION

The Responsible Official must sign and date the application certification. *If the application is signed by a person other than the Responsible Official, as defined in NAC 445B.156, the application will be returned as incomplete.*

Note: According to NAC 445B.156, **Responsible Official** means:

1. For a corporation:
 - (a) A president;
 - (b) A vice president in charge of a principal business function;
 - (c) A secretary;
 - (d) A treasurer; or
 - (e) An authorized representative of such a person who is responsible for the overall operation of the facility and who is designated in writing by the officer of the corporation and approved in advance by the director.
2. For a partnership or sole proprietorship: a general partner or the proprietor, respectively.
3. For a municipality or a state, federal or other public agency: a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.
4. For an affected source: the designated representative or his alternate, as defined in 42 U.S. C. § 7651 a (26).

PLEASE NOTE THE FOLLOWING REQUIREMENTS WHICH APPLY TO PERMIT APPLICANTS DURING THE APPLICATION PROCESS:

- A. A permit applicant must submit supplementary facts or corrected information upon discovery [NAC 445B.297(1)(b)].
- B. A permit applicant is required to provide any additional information which the Director requests in writing within the time specified in the Director's request [NAC 445B.297(1)(c)].
- C. Submission of fraudulent data or other information may result in prosecution for an alleged criminal offense (NRS 445B.470).

CERTIFICATION: I certify that, based on information and belief formed after reasonable inquiry, the statements contained in this application are true, accurate and complete.

Signature of Responsible Official

Print or Type Name **and** Title

Date