**Bureau of Air Pollution Control**

**Retraction Form**

(rev. 2/23)

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| **SEND (e-mail) COMPLETED FORM TO: aircompliance@ndep.nv.gov** | | |
| **Date of Retraction:** Enter date | **Date(s) of Original Report(s):** Enter date | |
| **Company Name and Facility Name (COLA Number if Applicable):**  Enter company and facility name | | **Facility ID Number (FIN):**  Enter FIN |
| **Address or Location:**  Enter address | | **Permit Number:**  Enter permit number |
| **Permit Class:**  Class I  Class II  COLA  NMCP  NPSS  SAD | | |
| **Name of Individual Retracting:**  Enter name | **Title:**  Enter position title | |
| **Email Address:** Enter address | **Phone 1:** Enter number | **Phone 2:** Enter number |
| **Emission Unit(s) and System(s) in Original Report:**  Enter system number(s) and emission unit number(s) | | |
| **Start Date** **in Original Report:**  Enter date | **Start Time in Original Report (Military Time):**  Enter time | |
| **End Date** **in Original Report:**  Enter date | **End Time in Original Report (Military Time):**  Enter time | |
| **Type(s) of Document(s) Being Retracted (Select all that Apply):**  24 Hour Excess Emission  15 Day Excess Emission  Deviation | | |
| **Explanation of why the Event is Being Retracted:** Explain reason for retraction | | |
| **Provide applicable documentation with this report. Acceptable document formats include PDF, TIFF, JPEG, JPG, PNG, XLS, and XLSX.** | | |