

Class II Air Quality Operating Permit Application Form

Facility Name: [Click or tap here to enter text.](#)

Existing Facility ID: A[Click or tap here to enter text.](#)

Existing Class II AQOP: AP[Click or tap here to enter text.](#)

Type of Facility: [Click or tap here to enter text.](#)

Number of Units (including IA's) in Facility: [Click or tap here to enter text.](#)

If a Revision, Number of Units (including IA's) Affected in Action: [Click or tap here to enter text.](#)

Application Type:

- ☐ New AQOP
- ☐ Revision of Existing AQOP
- ☐ Renewal of Existing AQOP



Please Submit Application to:

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

August 2026
(Ver. 7)

IMPORTANT INFORMATION

- The Application packet contains:
 - General Company Information Form
 - Industrial Process Form
 - Combustion Equipment Form
 - Storage Silo Form
 - Liquid Storage Tanks Form
 - Insignificant Activities Form
 - Facility-Wide Potential to Emit Table
 - Surface Area Disturbance Form
 - Plant Boundary Coordinates Form
 - Plant Building Parameters Form
 - Application Certification Document with Required Attachments
- Please see the Guidance Document for additional instructions on how to complete the application.
- A printed copy of the application must be submitted (mailed or hand delivered), along with an electronic version.
- The application filing fee required by Nevada Administrative Code (NAC) 445B.327 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/>.
- This application shall be used for new Class II sources, revisions to existing Class II Air Quality Operating Permits, and the renewal of Class II Air Quality Operating Permits. This application packet is not for use for an Administrative Renewal, Administrative Amendment, a general permit, a stand-alone Surface Area Disturbance (SAD) permit, nor for a Request for Change of Location Approval permit for a temporary source.
- An application for a Class II Air Quality Operating Permit 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. If an item does not apply “N/A” or similar notation must be entered in the appropriate blank. All other information must be provided. Incomplete applications will be returned to the Responsible Official within 10 working days of receipt of the application.
- For the renewal of a Class II Operating Permit, a complete application and corresponding processing fee must be submitted in accordance with NAC 445B.3473, prior to the expiration date of the current permit. The BAPC suggests that the application be submitted well in advance of the timeline outlined in NAC 445B.3473 to ensure the application is deemed complete.
- If the facility applies for a permit that has not previously held a Class I or Class II operating permit, is located within 1,000 feet of a school, hospital, or residential area, or the Director determines that the change to the stationary source results in an increase in allowable emissions that exceeds the thresholds in NAC 445B.3457, the BAPC shall establish a 30-day period for public participation.

GENERAL COMPANY INFORMATION FORM

1. Briefly describe the permitted facility's process and include the Standard Industrial Classification (SIC) number and North American Industry Classification System (NAICS). Add details in the attached Process Narrative.

2. Company Name and Address that are to appear on the operating permit [NAC 445B.295(1)]:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

4. Facility Name and Address, if different from #2 [NAC 445B.295(1)]:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

GENERAL COMPANY INFORMATION FORM (continued)

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

Name: _____
Title: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: (xxx) xxx-xxxx
Fax Number: (xxx) xxx-xxxx
E-mail Address: _____

Is this a new Responsible Official? ☐ Yes ☐ No

If yes, and the Responsible Official (RO) does not meet the definition under NAC 445B.156 then please fill out the "Responsible Official Identification/Designation/Change Request Form" and mail it in.

(<https://ndep.nv.gov/air/permitting/air-permit-forms-and-resources>)

7. Plant Manager or other appropriate Contact Name, Title and Address [NAC 445B.295(1)]:

Name: _____
Title: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: (xxx) xxx-xxxx
Fax Number: (xxx) xxx-xxxx
E-mail Address: _____

8. Location and Driving Directions to the Facility (For Example: From Elko, Nevada, 4 miles south of I-80 at xx Interchange) [NAC 445B.295(8)]:

Hydrographic Basin (HA) Number: _____
HA Basin Name: _____

Township(s): _____ N; Range(s): _____ E; Section(s): _____

UTM Coordinates for the Front Gate of the Facility (NAD 83, Zone 11):

_____ m North; _____ m East;

Nearest City: _____

County: _____

Driving Directions from nearest city to the Facility: _____

GENERAL COMPANY INFORMATION FORM (continued)

9. Emission Cap Requested [NAC 445B.070 and NAC 445B.296(2)]:

☐ Yes ☐ No (If yes, provide details in the attached Process Narrative)

10. Important note for completing the Industrial Process, Combustion Equipment, Storage Silo, and Liquid Storage Tank Application forms: forms need to be included for permitted emission units and insignificant activities. Provide additional forms as needed. All items in the application must be addressed. If an item does not apply then “N/A” or similar notation must be entered in the appropriate blank (TBD, unknown, etc.).

11. Is the Facility located within 1,000 feet of a school, hospital, or residential area?

☐ Yes ☐ No

12. Does the Facility require controls or other limit restrictions to remain a Class II source?

☐ Yes ☐ No

13. Has the facility provided modeling for each non-combustion baghouse individually? (See Testing Determination System for Baghouses Guidance Document)

☐ Yes ☐ No

INDUSTRIAL PROCESS APPLICATION FORM CLASS II OPERATING PERMIT

System Number and Name:

Emission Unit Description:

Alternative Operating Scenario: ☐ Yes ☐ No

Insignificant Activity: ☐ Yes ☐ No If yes, identify exemption regulation: _____

Subject to a Federal Regulation (40 CFR Part 60, 61, or 63): ☐ Yes ☐ No If yes, identify in attached Process Narrative.

Description		Data
Equipment Description	BAPC Emission Unit ID <i>Applicable for Renewal or Revision</i>	eg. Unit ID: S2.001, PF1.001
	Source Classification Code (SCC)	e.g. 3-03-024-04 for Conveyors
	Manufacturer	
	Date Manufactured	
	Model Number	
	Equipment Dimensions (LxWxH)	feet
	Drop Length <i>if applicable</i>	feet
	Drop Height <i>if applicable</i>	feet
	The drop height is measured from the ☐ top of the drop length ☐ middle of the drop length ☐ bottom of the drop length, in reference to the ground. <i>Choose one, if applicable</i>	
	Drop Horizontal Dimension 1 <i>if applicable</i>	feet
	Drop Horizontal Dimension 2 <i>if applicable</i>	feet
	Emissions Released Inside building?	yes/no
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m
	UTM Easting (NAD 83, Zone 11)	m
Operating Parameters	Material Type Processed	
	Batch Process <i>if applicable</i>	<i>unit /batch</i>
	Start Time <i>if operating less than 24 hours/day</i>	hour:minute
	End Time <i>if operating less than 24 hours/day</i>	hour:minute
Control Equipment	Manufacturer	
	Manufacturer's Guarantee Included? <i>If "yes", attach manufacturer's sheets immediately after these forms.</i>	yes/N/A
Stack Parameters	Stack Height	feet
	Stack Inside Diameter	feet
	Stack Temperature	°F
	Stack Exit Velocity	feet/second
	Actual Gas Volume Flow Rate	acfm
	Dry Gas Volume Flow Rate <i>If not included in detailed calculations.</i>	dscfm
	Stack Release Type	☐ vertical ☐ capped ☐ horizontal

1. How will throughput be monitored for this emission unit? Identify if the throughput will be monitored at this emission unit or at another emission unit and the method (e.g. weigh belt).

COMBUSTION EQUIPMENT APPLICATION FORM CLASS II OPERATING PERMIT

System Number and Name:

Emission Unit Description:

Alternative Operating Scenario: ☐ Yes ☐ No

Insignificant Activity: ☐ Yes ☐ No If yes, identify exemption regulation: _____

Subject to a Federal Regulation (40 CFR Part 60, 61, or 63): ☐ Yes ☐ No If yes, identify in process narrative. _____

Description			Data
Equipment Description	BAPC Emission Unit ID <i>Applicable for Renewal or Revision</i>	eg. Unit ID: S2.001	
	Source Classification Code (SCC)	e.g. 3-03-024-04 for Conveyors	
	Manufacturer		
	Date Manufactured		
	Model and Serial Number		
	Emissions Released Inside building?	yes/no	
For Reciprocating Internal Combustion Engines (RICE) Only	Type of Engine Code (See Notes*)		
	Date Constructed	month/day/yr	
	Cylinder Displacement	liter/cylinder	
	EPA Tier #		
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m	
	UTM Easting (NAD 83, Zone 11)	m	
Operating Parameters /Fuel Usage	Fuel Type		
	Fuel Flow Meter Installed?	yes/no/NA	
	Sulfur Content	%	
	Heat Content	Btu/unit	
	Start Time <i>if operating less than 24 hours/day</i>	hour:minute	
	End Time <i>if operating less than 24 hours/day</i>	hour:minute	
Control Equipment	Manufacturer		
	Manufacturer's Guarantee Included? <i>If "yes", attach manufacturer's sheets immediately after these forms.</i>	yes/N/A	
Stack Parameters	Stack Height	feet	
	Stack Inside Diameter	feet	
	Stack Temperature	°F	
	Stack Exit Velocity	feet/second	
	Actual Gas Volume Flow Rate	acfm	
	Dry Gas Volume Flow Rate <i>If not included in detailed calculations.</i>	dscfm	
	Stack Release Type	☐ vertical ☐ capped ☐ horizontal	

Notes*

Code	Description	Code	Description
LU	Limited Use	E-SI	Emergency Spark Ignition
LDG	Landfill/Digester Gas	SI4SRB	Spark Ignition 4-Stroke Rich Burn
NECI	Non-Emergency Compression Ignition	SI4SLB	Spark Ignition 4-Stroke Lean Burn
ECI	Emergency Compression Ignition	SI2SLB	Spark Ignition 2-Stroke Lean Burn

COMBUSTION EQUIPMENT APPLICATION FORM CLASS II OPERATING PERMIT (continued)

Emission Unit Description:

1. How will fuel consumption be monitored for this emission unit? (e.g. maximum fuel consumption rate supplied by manufacturer, fuel flow meter).

2. Does this unit have the capability to bypass air pollution controls in an emergency situation as defined under NAC 445B.056?:
☐ Yes ☐ No

STORAGE SILO APPLICATION FORM CLASS II OPERATING PERMIT

System Number and Name:

Emission Unit Description:

Alternative Operating Scenario: ☐ Yes ☐ No

Insignificant Activity: ☐ Yes ☐ No If yes, identify exemption regulation: _____

Subject to a Federal Regulation (40 CFR Part 60, 61, or 63): ☐ Yes ☐ No If yes, identify in process narrative. _____

Description			Data	
			Silo Loading	Silo Unloading
Equipment Description	BAPC Emission Unit ID <i>Applicable for Renewal or Revision</i>	eg. Unit ID: S2.001, PF1.001		
	Source Classification Code (SCC)	e.g. 3-03-024-04 <i>for Conveyors</i>		
	Manufacturer			
	Date Manufactured			
	Model Number			
	Equipment Dimensions (LxWxH)	feet		
	Drop Dimensions (LxWxH) <i>if applicable</i>	feet		
	Emissions Released Inside building?	yes/no		
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m		
	UTM Easting (NAD 83, Zone 11)	m		
Operating Parameters	Material Type Processed			
	Batch Process <i>if applicable</i>	<i>unit</i> /batch		
	Start Time <i>if operating less than 24 hours/day</i>	hour:minute		
	End Time <i>if operating less than 24 hours/day</i>	hour:minute		
Control Equipment	Manufacturer			
	Manufacturer's Guarantee Included? <i>If "yes", attach manufacturer's sheets immediately after these forms.</i>	yes/N/A		
Stack Parameters	Stack Height	feet		
	Stack Inside Diameter	feet		
	Stack Temperature	°F		
	Stack Exit Velocity	feet/second		
	Actual Gas Volume Flow Rate	acfm		
	Dry Gas Volume Flow Rate <i>If not included in detailed calculations.</i>	dscfm		
	Stack Release Type	Vertical/Capped/ Horizontal		

LIQUID STORAGE TANK APPLICATION FORM CLASS II OPERATING PERMIT

System Number and Name:

Emission Unit Description:

Alternative Operating Scenario: ☐ **Yes** ☐ **No**

Insignificant Activity: ☐ **Yes** ☐ **No** If yes, identify exemption regulation: _____

Subject to a Federal Regulation (40 CFR Part 60, 61, or 63): ☐ **Yes** ☐ **No** If yes, identify in process narrative.

Description		Data
Equipment Description	BAPC Emission Unit ID and System Number <i>Applicable for Renewal or Revision</i>	eg. Unit ID: S2.001, PF1.001 System Number: 5
	Source Classification Code (SCC)	e.g. 3-03-024-04 for Conveyors
	Manufacturer	
	Date Manufactured	
	Model Number	
	Heated Tank	yes/no
	Shell Height	feet
	Shell Diameter	feet
	Maximum Liquid Height	feet
	Average Liquid Height	feet
	Capacity of Tank	gallons
	Shell Color	
	Roof Condition	good/poor
	Roof Type (Cone, Dome, External, or Internal Floating Roof)	
	Roof Height	feet
	Cone Roof Slope	
	Dome Roof Radius	feet
	True Vapor Pressure of Liquid	psig
	Reid Vapor Pressure of Liquid	psig
	Orientation of Tank	Horizontal/Vertical
Submerged Fill [NAC 445B.22093(3)]	yes/no	
Equipment Dimensions (LxWxH)	feet	
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m
	UTM Easting (NAD 83, Zone 11)	m

LIQUID STORAGE TANK APPLICATION FORM CLASS II OPERATING PERMIT (CONTINUED)

Emission Unit Description:

Description			Data
Operating Parameters	Material Type		
	Operating Time per Year	hour/year	
	Maximum Throughput	gallon/month	
	Maximum Throughput	gallon/year	
Control Equipment	Type of Control		
	Control Efficiency	%	
	Pollutant(s) Controlled		
	Manufacturer		
	Manufacturer's Guarantee Included?	yes/N/A	
Volatile Organic Compounds (VOC) Emissions	Emission Limit	ton/year	
Other Pollutants	Emission Factor (with units)	<i>(insert unit)</i>	
	Emission Factor Reference		
	Emission Limit	pound/hour	
	Emission Limit	ton/year	

INDUSTRIAL PROCESS AND STORAGE SILO DETAILED CALCULATIONS

Unit No.	Unit Description	Operating Hours		Throughput			Controls		Emissions					References
		Daily	Annual	Hourly	Annual	Units	Type	Efficiency or Dry Volume Flow Rate	Pollutant	Factor	Unit	Hourly Rate (lbs/hr)	Yearly Rate (tons/yr)	
System No. & Name:														
									PM					
									PM ₁₀					
									PM _{2.5}					
System No. & Name:														
									PM					
									PM ₁₀					
									PM _{2.5}					
System No. & Name:														
									PM					
									PM ₁₀					
									PM _{2.5}					
System No. & Name:														
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System No. & Name:														
									PM					
									PM ₁₀					
									PM _{2.5}					
System No. & Name:														

*Exact format may be changed, but requested information is still required.

COMBUSTION EQUIPMENT DETAILED CALCULATIONS

Unit No.	Unit Description	Operating Hours		Heat Input (MMBtu)		Fuel Usage			Power Output		Controls		Emissions					References
		Daily	Annual	Hourly	Annual	Hourly	Annual	Units	Amount	Units	Type	Efficiency or Dry Volume Flow Rate	Pollutant	Factor	Unit	Hourly Rate (lbs/hr)	Yearly Rate (tons/yr)	
System No. & Name:																		
													PM					
													PM ₁₀					
													PM _{2.5}					
													SO ₂					
													NO _x					
													CO					
													VOC					
													Pb					
													Hg					
													H ₂ S					
System No. & Name:																		
													PM					
													PM ₁₀					
													PM _{2.5}					
													SO ₂					
													NO _x					
													CO					
													VOC					
													Pb					
													Hg					
													H ₂ S					

*Exact format may be changed, but requested information is still required.

GREENHOUSE GASES (GHG) DETAILED CALCULATIONS

Unit No.	Unit Description	Operating Hours		Heat Input (MMBtu)		Fuel Usage			Controls		Emissions						References
		Daily	Annual	Hourly	Annual	Hourly	Annual	Units	Type	Efficiency or Dry Volume Flow Rate	Pollutant	Factor	GWP Multiplier	Unit	Hourly Rate (lbs/hr)	Yearly Rate (tons/yr)	
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	
											CO2		1				
											CH4		25				
											N2O		298				
System No. & Name:																	

*Exact format may be changed, but requested information is still required.

HAZARDOUS AIR POLLUTANTS (HAPS) DETAILED CALCULATIONS

[illegible]

*Exact format may be changed, but requested information is still required.

**FACILITY-WIDE POTENTIAL TO EMIT TABLE
(FOR ALL SOURCES INCLUDING INSIGNIFICANT ACTIVITIES)
(POUND/HOUR AND TON/YEAR)**

Pollutant	Facility-Wide Potential to Emit (pound/hour)	Facility-Wide Potential to Emit (ton/year)
Total Particulate Matter (PM)		
Total PM ₁₀		
Total PM _{2.5}		
Total Sulfur Dioxide (SO ₂)		
Total Carbon Monoxide (CO)		
Total Oxides of Nitrogen (NO _x)		
Total Volatile Organic Compounds (VOC)		
Total Lead (Pb)		
Total Hydrogen Sulfide (H ₂ S)		
Total Sulfuric Acid Mist (H ₂ SO ₄)		
Total Hazardous Air Pollutants (HAPs)		
Total Greenhouse Gases (CO _{2e})		
Other Regulated Pollutants (Specify)		

REVISION TABLE

Please complete the table below if this application is for a **Revision** of an existing Class II Air Quality Operating Permit. Add more columns if needed for any other applicable regulated pollutants. All Potential To Emit (PTE) must be in tons per year (TPY) [NAC 445B.3457(5)(b)]

Description	Pollutants									
	PM	PM ₁₀	PM _{2.5}	SO ₂	NO _x	CO	VOC	HAPs	CO _{2e}	Other
Permitted Facility-Wide PTE (TPY)										
Proposed Facility-Wide PTE (TPY)										
Change in Facility-Wide PTE (TPY)										

SURFACE AREA DISTURBANCE FORM

1. Total Acres of the Facility Site: [Click or tap here to enter text.](#)
2. Total Acres Disturbed: [Click or tap here to enter text.](#)
3. Add Surface Area Disturbance location as Township(s), Range(s) and Section
[Click or tap here to enter text.](#)
4. NAC 445B.22037 requires fugitive dust to be controlled (regardless of the size or amount of acreage disturbed), and requires an ongoing program, using best practical methods, to prevent particulate matter from becoming airborne. All activities which have the potential to adversely affect the local air quality must implement all appropriate measures to limit controllable emissions. Appropriate measures for dust control may consist of a phased approach to acreage disturbance rather than disturbing the entire area all at once; using wet suppression through such application methods as water trucks or water spray systems to control wind-blown dust; the application of soil binding agents or chemical surfactant to roadways and areas of disturbed soil; as well as the use of wind-break or wind limiting fencing designed to limit wind erosion soils.
5. If the Surface Area Disturbance is greater than 5 acres, please check each box that applies for Best Management Practices (BMPs) used for controlling dust on project's disturbed areas:
 - ☐ Water trucks
 - ☐ Graveling/paving of roadway storage areas and staging areas
 - ☐ Dust palliatives
 - ☐ Posting and limiting vehicle speeds to 10-15 miles per hour
 - ☐ Ceasing operations during high wind events
 - ☐ Fencing or berming to prevent unauthorized access to disturbed areas
 - ☐ Application of water sprays on material storage piles on a regular basis
 - ☐ Covering material storage piles with tarpaulin or geo-textiles; tenting
 - ☐ Use of overhead water spray racks or water hoses
 - ☐ Track-out controls (graveled entranced, exit area, and street sweeping)
 - ☐ Landscape preservation and impact avoidance
 - ☐ Wind fence
 - ☐ Pre-watering of areas to be disturbed (including all unpaved onsite roads and staging areas)
 - ☐ Inform all subcontractors (including truck drivers) of their responsibilities for the control of fugitive dust while they are on the project site
 - ☐ Training of equipment operators to recognize fugitive dust generation and having the authority to shut down operations until water truck arrives and sprays water on the disturbed areas
 - ☐ Other Applicable BMPs: [Click or tap here to enter text.](#)
 - ☐ Other Applicable BMPs: [Click or tap here to enter text.](#)
 - ☐ If using water trucks, list how many water trucks are used and their capacity in gallons:
[Click or tap here to enter text.](#)

PLANT BOUNDARY COORDINATES FORM *if applicable*

[illegible]

PLANT BUILDING PARAMETERS FORM if applicable

Building Parameters

Building Name: _____
 Roof Height (ft): _____

Building Tier : _____
 Building Diameter (ft): _____

Building UTM Coordinates

UTM Easting	UTM Northing	UTM Easting	UTM Northing

Building Parameters

Building Name: _____
 Roof Height (ft): _____

Building Tier : _____
 Building Diameter⁴ (ft): _____

Building UTM Coordinates

UTM Easting	UTM Northing	UTM Easting	UTM Northing

APPLICATION CERTIFICATION DOCUMENT (With Required Attachments)

Please check all applicable boxes below to indicate the information provided in your application submittal:

- ☐ General Company Information Form
- ☐ Industrial Process Application Form(s)
- ☐ Combustion Equipment Application Form(s)
- ☐ Storage Silos Application Form(s)
- ☐ Liquid Storage Tank Application Form(s)
- ☐ Manufacturer's Guarantee
- ☐ Facility-Wide Potential to Emit Table
- ☐ Surface Area Disturbance Form
- ☐ Plant Boundary Coordinates Form *if applicable*
- ☐ Plant Building Parameters Form *if applicable*
- ☐ Detailed Emission Calculations (for all emission units including IA units)
- ☐ Source Testing Data (if referenced in calculations)
- ☐ Process Narrative
- ☐ Process Flow Diagram(s)
- ☐ Site Plan(s) showing the locations (UTM coordinates), dimensions, and heights of buildings on the site
- ☐ Maps:
 - ☐ Vicinity Map of where the facility is located in the State
 - ☐ Area Map of the Facility (including location of all emission units, building locations (with UTM's), location of front gate, and fence line/site boundary (with UTM's))
- ☐ Environmental Evaluation (AERMOD Air Dispersion Modeling) *if applicable*
[NAC 445B.310]
- ☐ Manufacturer's Guarantee *if applicable*
- ☐ Equipment Specifications *if applicable*
- ☐ TANKs Modeling Output *if applicable*
- ☐ Application Fee Attached or Electronically Submitted
- ☐ Digital Copy of Application on CD or Thumb Drive
- ☐ Application Certification Document with Original Responsible Official Signature

APPLICATION CERTIFICATION DOCUMENT (CONTINUED)
(With Required Attachments)

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 and information contained in this application are true, accurate and complete.

Signature of Responsible Official

Print or Type Name and Title

Date