Use this form to identify the **Responsible Official who will be the point of contact for all permit related correspondence.** You can also use this form to designate an authorized representative who is responsible for the overall operation of the facility pursuant to (1)(e) above. If you wish to change the Responsible Official designation governing one or more Air Quality Operating Permits [AQOP(s)], please specify the Permit Number(s) and FIN(s) that are covered by this notice:

**FIN(s):**
**Permit No.(s):**

Pursuant to Nevada Administrative Code (NAC) 445B.156, a Responsible Official is defined as:

1. For a corporation: (a) president; (b) vice president in charge of a principal business function; (c) secretary; (d) treasurer; (e) authorized representative of such a person who is responsible for the overall operation of the facility and who is designated in writing by an 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 or her alternate, as defined in 42 U.S.C. 7651a(26)

**A. Please Identify an individual who is either a Corporate Officer ((1)(a)-(d) above), Sole Proprietor, or Government Official as identified above:**

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

Select One Option:

- ☐ The person identified above will be acting as the **Responsible Official** for the identified permit(s). Continue to Section C. Signature

OR

- ☐ The person identified above is designating the following person to act as the **Responsible Official** for the identified permit(s): (designee’s information must be provided in Section B. on following page)
B. Please provide ALL of the following information only if designating a Responsible Official other than the person Identified in Section A.

Designated Responsible Official Name, Title and Mailing Address [NAC 445B.295.1]:

Name: ____________________________
Title: ____________________________
Address: ____________________________
City: ____________________________
State: ______ Zip Code: ____________
Phone #: (xxx) xxx-xxxx
Fax #: (xxx) xxx-xxxx
E-mail: ____________________________

C. Signature Authority

Pursuant to the conditions specified under NAC 445B.156, I hereby certify the above Responsible Official notification or designation under penalty of perjury. This certification rescinds all previous notifications or designations.

Signed: ____________________________
Print Name: ____________________________
Title: ____________________________

Must be the individual identified in Section A above.