Administrative Amendment Application Form

Facility Name:
Existing Facility ID: A
Existing Air Quality Operating Permit: AP

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

October 2016
APPLICATION FOR
AIR QUALITY OPERATING PERMIT
ADMINISTRATIVE AMENDMENT

Please return 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

General Information

- This application is available from the Bureau of Air Pollution Control in a Microsoft Word file, or on the internet at http://www.ndep.nv.gov/bapc. All information required in the application may be computer generated and submitted to the Bureau on 3-1/2” disk(s) or CD(s). In addition, one printed copy must be submitted.

- All information required by the “General Company Information” must be completed.

- The application filing fee required by NAC 445B.327 must be submitted with the completed application. The fee for an Administrative Amendment is $200. Checks must be made payable to: Nevada State Treasurer, Environmental Protection.

- This application packet shall be used for an Administrative Amendment only. If other activities that have the potential to impact air quality are planned, other permits may be required.

- An application for an Administrative Amendment must be signed by a responsible official, as defined in NAC 445B.156.

- 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 packet.

- 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)
5. Responsible Official Name, Title and Address [NAC 445B.295.1]:

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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]:

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7. Typographical Errors
Please provide/attach a complete description of each topographical 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.

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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.

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10. Require 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.

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11. Request to add serial numbers
   Please provide/attached 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.
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