**Nevada Division of Environmental Protection**

**Bureaus of Air Pollution Control & Air Quality Planning**

**Responsible Official Identification/Designation/Change Request Form**

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)

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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide **ALL** of the following information.

**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: |  |

**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 designations.**

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Title: |  |

 *Must be an individual meeting NAC 445B.156(1)(a)-(d), (2), (3) or (4) requirements.*