



**City of Albuquerque  
Environmental Health Department  
Air Quality Program**



**AQN Application Checklist**

Any person seeking an Air Quality Notification (AQN) under 20.11.39 NMAC, *Permit Waivers and Air Quality Notifications for Certain Source Categories*, shall do so by submitting the AQN Application and associated fees to the Department.

All applicants shall complete the AQN application entirely. Please make sure the AQN application contains the following information as requested in the form **(incomplete AQN applications or AQN applications without payment will not be processed)**:

**Payment for the application review fees**

- Pay corresponding to the AQN Application review fees per 20.11.39.19.B NMAC, *Fees*, at the time of the submittal.

For the most current AQN application review fees please go to:

<http://www.cabq.gov/airquality/air-quality-permits/annual-permit-fees>

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- Section 1**  
Company/Owner Information

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- Section 2**  
Facility Information

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- Section 3**  
Billing Information

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**Section 4**  
AQN Determination

- Provide the permit number if this AQN is for an existing gas station or emergency generator or the AQN Tracking Number if this is a transfer to a prior authorization or amendment to an existing AQN authorization.**

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**Section 5 for Emergency Generators only**

- Emergency Generator Information including:  
Manufacturer, manufacturer Date, Modification Date, Model, Serial number, Fuel Type, Engine size (Hp and kW).

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**Section 6 for Gas Dispensing Facilities only**

- Gas Dispensing Facility Information:
- Number of Refueling Station and type of fuel, and
  - Number of tanks, location, type of fuel, storage capacity and installation date.

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- Section 7 – Certification**  
Signed and date by the responsible official

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Instructions on how to complete the AQN form can be found at <http://www.cabq.gov/airquality/air-quality-permits/air-quality-application-forms> under the **AQN Instructions**.



### Albuquerque Environmental Health Department - Air Quality Program

Please mail this application to  
 P.O. Box 1293, Albuquerque, NM 87103  
 Or hand deliver between 8:00am - 5:00pm Monday - Friday to:  
 3<sup>rd</sup> Floor, Suite 3023 - One Civic Plaza NW,  
 Albuquerque, New Mexico 87103  
 Ph. (505) 768 – 1972 / Fax (505) 768 - 1977  
[aqd@cabq.gov](mailto:aqd@cabq.gov)



**Air Quality Notification Form (AQN) for Emergency Generators RICE as described in 20.11.39.13(B) NMAC and Fuel Dispensing Facilities as described in 20.11.39.13(C) NMAC located in Bernalillo County**

**FOR ADMINISTRATIVE USE ONLY**

Record Number:	Facility ID:	AQN Approved		Approval/Denial Date:	AQN Tracking Number
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**NOTE: Submit one AQN Form for each Emergency Generator or Gasoline Dispensing Facility (GDF). If the facility has multiple Emergency Generators, submit an AQN for each unit. AQNs with multiple units and/or GDFs will not be accepted.**

**Submittal and approval of this AQN only satisfies the requirements of 20.11.39 of the NMAC. Your site may still be subject to other permits and registrations with the City of Albuquerque or Bernalillo County. Please refer to the instructions for additional information. Incomplete AQN applications or AQN applications without payment will not be processed.**

**Please provide the following information:**

**Section 1 – Company/Owner Information**

Company/Owner Name:	Street Address:	City, State:	Zip Code:
Company/Owner Contact Name:	Title:	Phone Number:	E-mail Address:

**Section 2 – Facility Information**

Facility Name:	Street Address:	City, State:	Zip Code:
Facility Contact Name:	Title:	Phone Number:	Cell Number:
UTM Coordinates (required, please provide the coordinates)		E-mail Address:	
East	North		

**Section 3 – Billing Information**

Billing Company:	Contact Name and Title:	Phone Number:	Email Address:
Billing Street Address:	City, State:	Zip Code:	

**Section 4 – AQN Determination**

Does this facility have any other equipment that may be subject to another type of Air Quality Permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an AQN application for a new gas station or a new emergency generator?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES:	What is the anticipated Start Date:	Installation Date:	
If NO:	Is this a transfer from a prior authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is this an amendment to an existing AQN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the facility's latest permit number or AQN Tracking Number?			

**Note:** If this is an AQN for an Emergency Generator, please provide the information requested in Section 5  
 If this is an AQN for a Gas Dispensing Facility, please provide the information requested in Section 6

Only complete Section 5 or Section 6, as it applies to your request. AQN with multiple units and/or facilities will not be accepted.

Section 5 – Internal Combustion Engine Information for Emergency Generator			
Manufacturer:	Manufacturer Date:	Modification Date:	Fuel Type:
Model No.	Serial No.	Engine Size (Hp):	Engine Size (kW):

Section 6 – Gas Dispensing Facilities
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**Anticipated Annual Gasoline Throughput:**  
 If this is an existing facility, please use the annual throughput reported in the last annual emissions inventory submitted to the City of Albuquerque.

REFUELING POSITIONS
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**Total Number of Refueling Positions:**

Individual Refueling Position Information								
Type of Fuel (gasoline, diesel, both; or heavy truck diesel)	#1	#2	#3	#4	#5	#6	#7	#8
	#9	#10	#11	#12	#13	#14	#15	#16

FUEL STORAGE TANKS
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**Total Number of Tanks (Above- and/or Underground):**

Individual Tank Information	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
<b>Type of fuel store</b> (reg. unl., super unl., diesel)					
<b>Location</b> (above/underground)					
<b>Storage Capacity</b> (in Gallons)					
<b>Installed or Proposed Date</b> (month/year)					

Section 7 – Certification
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*I, the undersigned, a responsible officer of the applicant company, certify that to the best of my knowledge, the information stated on this application, together with associated drawings, specifications, and other data, give a true and complete representation of the proposed or existing unit or fuel dispensing facility, with respect to air pollution and control equipment. I also understand that any significant omissions errors, or misrepresentations in these data will be cause for revocation of the Air Quality Notification (AQN).*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_