



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

Please mail this application to P.O. Box 1293, Albuquerque, NM 87103
or hand deliver between 8:00 am – 5:00 pm Monday – Friday to:
3rd Floor, Suite 3023 – One Civic Plaza NW, Albuquerque, NM 87102
(505) 768-1972 aqd@cabq.gov



**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Submittal Date:

Owner/Corporate Information Check here and leave this section blank if information is exactly the same as Facility Information below.

Company Name:			
Mailing Address:	City:	State:	Zip:
Company Phone:	Company Contact:		
Company Contact Title:	Phone:	E-mail:	

Stationary Source (Facility) Information: Provide a plot plan (legal description/drawing of the facility property) with overlay sketch of facility processes, location of emission points, pollutant type, and distances to property boundaries.

Facility Name:			
Facility Physical Address:	City:	State:	Zip:
Facility Mailing Address (if different):	City:	State:	Zip:
Facility Contact:	Title:		
Phone:	E-mail:		
Authorized Representative Name ¹ :	Authorized Representative Title:		

Billing Information Check here if same contact and mailing address as corporate Check here if same as facility

Billing Company Name:			
Mailing Address:	City:	State:	Zip:
Billing Contact:	Title:		
Phone:	E-mail:		

Preparer/Consultant(s) Information Check here and leave section blank if no Consultant used or Preparer is same as Facility Contact.

Name:	Title:		
Mailing Address:	City:	State:	Zip:
Phone:	Email:		

1. See 20.11.41.13(E)(13) NMAC.

**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

General Operation Information (if any question does not pertain to your facility, type N/A on the line or in the box)

Permitting action being requested (please refer to the definitions in 20.11.40 NMAC or 20.11.41 NMAC):				
<input type="checkbox"/> New Permit	<input type="checkbox"/> Permit Modification Current Permit #:	<input type="checkbox"/> Technical Permit Revision Current Permit #:	<input type="checkbox"/> Administrative Permit Revision Current Permit #:	
<input type="checkbox"/> New Registration Certificate	<input type="checkbox"/> Modification Current Reg. #:	<input type="checkbox"/> Technical Revision Current Reg. #:	<input type="checkbox"/> Administrative Revision Current Reg. #:	
UTM coordinates of facility (Zone 13, NAD 83):				
Facility type (<i>i.e.</i> , a description of your facility operations):				
Standard Industrial Classification (SIC Code #):		North American Industry Classification System (NAICS Code #):		
Is this facility currently operating in Bernalillo County?		If YES , list date of original construction: If NO , list date of planned startup:		
Is the facility permanent?		If NO , list dates for requested temporary operation: From Through		
Is the facility a portable stationary source?		If YES , is the facility address listed above the main permitted location for this source?		
Is the application for a physical or operational change, expansion, or reconstruction (<i>e.g.</i> , altering process, or adding, or replacing process or control equipment, etc.) to an existing facility?				
Provide a description of the requested changes:				
What is the facility's operation? <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Batch				
Estimated percent of production/operation:	Jan-Mar:	Apr-Jun:	Jul-Sep:	Oct-Dec:
Requested operating times of facility:	hours/day	days/week	weeks/month	months/year
Will there be special or seasonal operating times other than shown above? This includes monthly- or seasonally-varying hours.				
If YES , please explain:				
List raw materials processed:				
List saleable item(s) produced:				

USE INSTRUCTIONS: For the forms on the following pages, please do not alter or delete the existing footnotes or page breaks. If additional footnotes are needed then add them to the end of the existing footnote list for a given table. Only update the rows and cells within tables as necessary for your project. Unused rows can be deleted from tables. If multiple scenarios will be represented then the Uncontrolled and Controlled Emission Tables, and other tables as needed, can be duplicated and adjusted to indicate the different scenarios.

**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Regulated Emission Sources Table

(E.g., Generator-Crusher-Screen-Conveyor-Boiler-Mixer-Spray Guns-Saws-Sander-Oven-Dryer-Furnace-Incinerator-Haul Road-Storage Pile, etc.) Match the Units listed on this Table to the same numbered line if also listed on Emissions Tables & Stack Table.

Unit Number and Description ¹		Manufacturer	Model #	Serial #	Manufacture Date	Installation Date	Modification Date ²	Process Rate or Capacity (Hp, kW, Btu, ft ³ , lbs, tons, yd ³ , etc.) ³	Fuel Type
Ex. 1.	Generator	Unigen	B-2500	A567321C	7/1996	7/1997	11/2020	250 Hp/HR	Diesel
Ex. 2.	Spray Gun	HVLP Systems	Spra-N-Stay 1100	K26-56-95	01/2017	11/2017	N/A	0.25 gal./HR	Electric Compressor
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**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Unit Number and Description ¹	Manufacturer	Model #	Serial #	Manufacture Date	Installation Date	Modification Date ²	Process Rate or Capacity (Hp, kW, Btu, ft ³ , lbs, tons, yd ³ , etc.) ³	Fuel Type
							/	
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NOTE: To add extra rows in Word, click anywhere in the last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

- Unit numbers must correspond to unit numbers in the previous permit unless a complete cross reference table of all units in both permits is provided.
- To determine whether a unit has been modified, evaluate if changes have been made to the unit that impact emissions or that trigger modification as defined in 20.11.41.7(U) NMAC. If not, put N/A.
- Basis for Equipment Process Rate or Capacity (e.g., Manufacturer's Data, Field Observation/Test, etc.) _____
Submit information for each unit as an attachment.

**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Emissions Control Equipment Table

Control Equipment Units listed on this Table should either match up to the same Unit number as listed on the Regulated Emission Sources, Controlled Emissions and Stack Parameters Tables (if the control equipment is integrated with the emission unit) or should have a distinct Control Equipment Unit Number and that number should then also be listed on the Stack Parameters Table.

Control Equipment Unit Number and Description		Controlling Emissions for Unit Number(s)	Manufacturer	Model # Serial #	Date Installed	Controlled Pollutant(s)	% Control Efficiency ¹	Method Used to Estimate Efficiency	Rated Process Rate or Capacity or Flow
Ex. 8b	Baghouse	3,4,5	Best Baghouses	C-12010 A16925	11/12/2019	PM ₁₀ , PM _{2.5}	99%	Manufacturer's Data	1,500 ACFM

NOTE: To add extra rows in Word, click anywhere in the last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

1. Basis for Control Equipment % Efficiency (e.g., Manufacturer's Data, Field Observation/Test, AP-42, etc.). _____
Submit information for each unit as an attachment.

**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Exempted Sources and Exempted Activities Table

See 20.11.41 NMAC for exemptions.

Unit Number and Description		Manufacturer	Model #	Serial #	Manufacture Date	Installation Date	Modification Date ¹	Process Rate or Capacity (Hp, kW, Btu, ft ³ , lbs, tons, yd ³ , etc.) ²	Fuel Type
Ex. 1.	Boiler	Unigen	B-2500	A567321C	7/1996	7/1997	11/2020	3.5 MMBtu/HR	Natural Gas
Ex. 2.	Hot Water Heater	HVLP Systems	6500A	K26-56-95	01/2017	11/2017	N/A	80 gal./HR	Natural Gas
								/	
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NOTE: To add extra rows in Word, click anywhere in the last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

- To determine whether a unit has been modified, evaluate if changes have been made to the unit that impact emissions or that trigger modification as defined in 20.11.41.7(U) NMAC. Also, consider if any changes that were made alter the status from exempt to non-exempt. If not, put N/A.
- Basis for Equipment Process Rate or Capacity (*e.g.*, Manufacturer’s Data, Field Observation/Test, etc.) ____
Submit information for each unit as an attachment.

**Application for Air Pollutant Sources in Bernalillo County
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Uncontrolled Emissions Table

(Process potential under physical/operational limitations during a 24 hr/day and 365 day/year = 8760 hrs)

Regulated Emission Units listed on this Table should match up to the same numbered line and Unit as listed on the Regulated Emissions and Controlled Tables. List total HAP values per Emission Unit if overall HAP total for the facility is ≥ 1 ton/yr.

Unit Number*	Nitrogen Oxides (NO _x)		Carbon Monoxide (CO)		Nonmethane Hydrocarbons/Volatile Organic Compounds (NMHC/VOCs)		Sulfur Dioxide (SO ₂)		Particulate Matter ≤ 10 Microns (PM ₁₀)		Particulate Matter ≤ 2.5 Microns (PM _{2.5})		Hazardous Air Pollutants (HAPs)		Method(s) used for Determination of Emissions (AP-42, Material Balance, Field Tests, etc.)
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	
Example 1.	27.7	121.3	9.1	39.9	1.3	5.7	0.5	2.2	2.0	8.8	0.2	0.4	0.2	0.4	AP-42 Section 3.3

**Application for Air Pollutant Sources in Bernalillo County
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Unit Number*	Nitrogen Oxides (NO _x)		Carbon Monoxide (CO)		Nonmethane Hydrocarbons/Volatile Organic Compounds (NMHC/VOCs)		Sulfur Dioxide (SO ₂)		Particulate Matter ≤ 10 Microns (PM ₁₀)		Particulate Matter ≤ 2.5 Microns (PM _{2.5})		Hazardous Air Pollutants (HAPs)		Method(s) used for Determination of Emissions (AP-42, Material Balance, Field Tests, etc.)
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	
Totals of Uncontrolled Emissions															

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

- *A permit is required and this application along with the additional checklist information requested on the Permit Application checklist must be provided if:
- (1) any one of these process units or combination of units, has an uncontrolled emission rate greater than or equal to (≥) 10 lbs/hr or 25 tons/yr for any of the above pollutants, excluding HAPs, based on 8,760 hours of operation; or
 - (2) any one of these process units or combination of units, has an uncontrolled emission rate ≥ 2 tons/yr for any single HAP or ≥ 5 tons/yr for any combination of HAPs based on 8,760 hours of operation; or
 - (3) any one of these process units or combination of units, has an uncontrolled emission rate ≥ 5 tons/yr for lead (Pb) or any combination of lead and its compounds based on 8,760 hours of operation; or
 - (4) any one of the process units or combination of units is subject to an Air Board or federal emission limit or standard.

* If all of these process units, individually and in combination, have an uncontrolled emission rate less than (<) 10 lbs/hr or 25 tons/yr for all of the above pollutants (based on 8,760 hours of operation), but > 1 ton/yr for any of the above pollutants, then a source registration is required. A Registration is required, at minimum, for any amount of HAP emissions. Please complete the remainder of this form.

**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Controlled Emissions Table

(Based on current operations with emission controls OR requested operations with emission controls)

Regulated Emission Units listed on this Table should match up to the same numbered line and Unit as listed on the Regulated Emissions and Uncontrolled Tables. List total HAP values per Emission Unit if overall HAP total for the facility is ≥ 1 ton/yr.

Unit Number	Nitrogen Oxides (NO _x)		Carbon Monoxide (CO)		Nonmethane Hydrocarbons/Volatile Organic Compounds (NMHC/VOCs)		Sulfur Dioxide (SO ₂)		Particulate Matter ≤ 10 Microns (PM ₁₀)		Particulate Matter ≤ 2.5 Microns (PM _{2.5})		Hazardous Air Pollutants (HAPs)		Control Method	% Efficiency ¹
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr		
Example 1.	27.7	55.4	9.1	18.2	1.3	2.6	0.5	1.0	2.0	4.0	0.2	0.088	0.2	0.088	Operating Hours	N/A

**Application for Air Pollutant Sources in Bernalillo County
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Unit Number	Nitrogen Oxides (NO _x)		Carbon Monoxide (CO)		Nonmethane Hydrocarbons/Volatile Organic Compounds (NMHC/VOCs)		Sulfur Dioxide (SO ₂)		Particulate Matter ≤ 10 Microns (PM ₁₀)		Particulate Matter ≤ 2.5 Microns (PM _{2.5})		Hazardous Air Pollutants (HAPs)		Control Method	% Efficiency ¹
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr		
Totals of Controlled Emissions																

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1. Basis for Control Method % Efficiency (e.g., Manufacturer’s Data, Field Observation/Test, AP-42, etc.). _____
Submit information for each unit as an attachment.

**Application for Air Pollutant Sources in Bernalillo County
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Hazardous Air Pollutants (HAPs) Emissions Table

Report the Potential Emission Rate for each HAP from each source on the Regulated Emission Sources Table that emits a given HAP. Report individual HAPs with ≥ 1 ton/yr total emissions for the facility on this table. Otherwise, report total HAP emissions for each source that emits HAPs and report individual HAPs in the accompanying application package in association with emission calculations. If this application is for a Registration solely due to HAP emissions, report the largest HAP emissions on this table and the rest, if any, in the accompanying application package.

Unit Number	Total HAPs															
	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr
Example 1.	6.3	18.2	3.2	8.5	2.3	7.7	0.5	1.0	0.3	1.0	N/A	N/A	N/A	N/A	N/A	N/A
Totals of HAPs for all units:																

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

Use Instructions: Copy and paste the HAPs table here if need to list more individual HAPs.

**Application for Air Pollutant Sources in Bernalillo County
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Purchased Hazardous Air Pollutant Table*

Product Categories (Coatings, Solvents, Thinners, etc.)	Hazardous Air Pollutant (HAP), or Volatile Hazardous Air Pollutant (VHAP) Primary To The Representative As Purchased Product	Chemical Abstract Service (CAS) Number of HAP or VHAP from Representative As Purchased Product	HAP or VHAP Concentration of Representative As Purchased Product (pounds/gallon, or %)	Concentration Determination (CPDS, SDS, etc.) ¹	Total Product Purchases For Category		Quantity of Product Recovered & Disposed For Category		Total Product Usage For Category
					lb/yr	(-)	lb/yr	(=)	
Example 1. Surface Coatings	Xylene	1330207	4.0 lbs/gal	SDS	lb/yr	(-)	lb/yr	(=)	lb/yr
					100 gal/yr	(-)	0 gal/yr	(=)	100 gal/yr
Example 2. Cleaning Solvents	Toluene	108883	70%	Product Label	lb/yr	(-)	lb/yr	(=)	lb/yr
					200 gal/yr	(-)	50 gal/yr	(=)	150 gal/yr
1.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
2.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
3.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
4.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
5.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
6.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
7.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
8.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
9.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
.					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr
TOTALS					lb/yr	(-)	lb/yr	(=)	lb/yr
					gal/yr	(-)	gal/yr	(=)	gal/yr

NOTE: To add extra rows in Word, click anywhere in the second-to-last row. A plus (+) sign should appear on the bottom right corner of the row. Click the plus (+) sign to add a row. Repeat as needed.

NOTE: Product purchases, recovery/disposal and usage should be converted to the units listed in this table. If units cannot be converted please contact the Air Quality Program prior to making changes to this table.

1. Submit, as an attachment, information on one (1) product from each Category listed above which best represents the average of all the products purchased in that Category. CPDS = Certified Product Data Sheet; SDS = Safety Data Sheet

*** A Registration is required, at minimum, for any amount of HAP or VHAP emission.**

Emissions from purchased HAP usage should be accounted for on previous tables as appropriate.

A permit may be required for these emissions if the source meets the requirements of 20.11.41 NMAC.

**Application for Air Pollutant Sources in Bernalillo County
Source Registration (20.11.40 NMAC) and Construction Permits (20.11.41 NMAC)**

Material and Fuel Storage Table

(E.g., Tanks, barrels, silos, stockpiles, etc.)

Storage Equipment		Product Stored	Capacity (bbls, tons, gals, acres, etc.)	Above or Below Ground	Construction (Welded, riveted) & Color	Installation Date	Loading Rate ¹	Offloading Rate ¹	True Vapor Pressure	Control Method	Seal Type	% Eff. ²
Ex. 1.	Tank	Diesel Fuel	5,000 gal.	Below	Welded/Brown	3/1993	3,000 gal/hr	500 gal/hr	N/A	N/A	N/A	N/A
Ex. 2.	Barrels	Solvent	55 gal. drum	Above	Welded/Green	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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1. Basis for Loading/Offloading Rate (*e.g.*, Manufacturer’s Data, Field Observation/Test, etc.). _____
Submit information for each unit as an attachment.
2. Basis for Control Method % Efficiency (*e.g.*, Manufacturer’s Data, Field Observation/Test, AP-42, etc.). _____
Submit information for each unit as an attachment.

**Application for Air Pollutant Sources in Bernalillo County
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Stack Parameters Table

If any equipment from the Regulated Emission Sources Table is also listed in this Stack Table, use the same numbered line for the emission unit on both tables to show the association between the Process Equipment and its stack.

Unit Number and Description		Pollutant (CO, NOx, PM ₁₀ , etc.)	UTM Easting (m)	UTM Northing (m)	Stack Height (ft)	Stack Exit Temp. (°F)	Stack Velocity (fps)	Stack Flow Rate (acfm)	Stack Inside Diameter (ft)	Stack Type
Ex. 1.	Generator	CO, NOx, PM ₁₀ , PM _{2.5} , SO ₂	349430.28	3884014.64	18	900 °F	150 fps	4524 acfm	0.8	Rain Cap
Ex. 2.	Spray Gun	PM ₁₀ , xylene, toluene	348540.1	3882928.5	9.2	Ambient	50 fps	589 acfm	0.5	Vertical

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**Application for Air Pollutant Sources in Bernalillo County
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Certification

NOTICE REGARDING SCOPE OF A PERMIT: The Environmental Health Department's issuance of an air quality permit only authorizes the use of the specified equipment pursuant to the air quality control laws, regulations and conditions. Permits relate to air quality control only and are issued for the sole purpose of regulating the emission of air contaminants from said equipment. Air quality permits are not a general authorization for the location, construction and/or operation of a facility, nor does a permit authorize any particular land use or other form of land entitlement. It is the applicant's/permittee's responsibility to obtain all other necessary permits from the appropriate agencies, such as the City of Albuquerque Planning Department or Bernalillo County Department of Planning and Development Services, including but not limited to site plan approvals, building permits, fire department approvals and the like, as may be required by law for the location, construction and/or operation of a facility. For more information, please visit the City of Albuquerque Planning Department website at <https://www.cabq.gov/planning> and the Bernalillo County Department of Planning and Development Services website at <https://www.bernco.gov/planning>.

NOTICE REGARDING ACCURACY OF INFORMATION AND DATA SUBMITTED: Any misrepresentation of a material fact in this application and its attachments is cause for denial of a permit or revocation of part or all of the resulting registration or permit, and revocation of a permit for cause may limit the permittee's ability to obtain any subsequent air quality permit for ten (10) years. Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained under the Air Quality Control Act, NMSA 1978 §§ 74-2-1 to 74-2-17, is guilty of a misdemeanor and shall, upon conviction, be punished by a fine of not more than ten thousand dollars (\$10,000) per day per violation or by imprisonment for not more than twelve months, or by both.

I, the undersigned, hereby certify that I have knowledge of the information and data represented and submitted in this application and that the same is true and accurate, including the information and data in any and all attachments, including without limitation associated forms, materials, drawings, specifications, and other data. I also certify that the information represented gives a true and complete portrayal of the existing, modified existing, or planned new stationary source with respect to air pollution sources and control equipment. I understand that there may be significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I also understand that the person who has applied for or has been issued an air quality permit by the Department is an obligatory party to a permit appeal filed pursuant to 20.11.81 NMAC. Further, I certify that I am qualified and authorized to file this application, to certify the truth and accuracy of the information herein, and bind the source. Moreover, I covenant and agree to comply with any requests by the Department for additional information necessary for the Department to evaluate or make a final decision regarding the application.

Signed this _____ day of _____, 20_____

Print Name

Print Title

Signature

Role: Owner Operator

Other Authorized Representative