



## ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

### Air Quality Division

1110 W. Washington St. • Phoenix, AZ 85007

Phone: 602-771-2338 •

Email: AirPermits@azdeq.gov

1. Permit Determination Request for (Business license name of organization):

\_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Name(s) of Owners/ Principals: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Plant Site Name: \_\_\_\_\_

Plant Site Location/ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Indian Reservation (if applicable, which one): \_\_\_\_\_

Latitude/ Longitude, Elevation: \_\_\_\_\_

5. Equipment Purpose: \_\_\_\_\_

6. Type of Organization:

☐ Corporation   ☐ Individual Owner   ☐ Partnership   ☐ Government Entity   ☐ LLC

☐ Other \_\_\_\_\_

7. Additional Documents to Include:

☐ Process Description

☐ Complete Equipment List

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by ADEQ as public record.

8. Signature of Responsible Official of Organization: \_\_\_\_\_ Date \_\_\_\_\_

9. Printed Name of Responsible Official / Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **EQUIPMENT LIST**

The following table should include all relevant equipment utilized at the facility. Please complete all fields. Be sure to notate the units (tons/hour, horsepower, etc.) when recording the Maximum Rated Capacity information. The date of manufacture must be included in order to determine applicability of regulations. Make additional copies of this form if necessary.

<b>Type of Equipment</b>	<b>Maximum Rated Capacity</b>	<b>Make (If available)</b>	<b>Model (If available)</b>	<b>Serial Number (If available)</b>	<b>Date of Manufacture</b>	<b>Equipment ID Number</b>