

CHANGE OF CONTACT INFORMATION**I. FORM INSTRUCTIONS**

- A. This form is intended for existing facilities that would like to make changes to the mailing and/or billing information. If this change is the result of a change in ownership, submit an Application for Change of Ownership and Fee instead.
- B. The form should be signed by the Responsible Official (RO) OR Designated Owner's Agent or Authorized Representative (e-signature is ok). An owner's agent or authorized representative must be designated in writing by the RO and approved in advance by the AQMD using the Declaration of Responsible Official form. Responsible Official is defined as: (DBOH 030.010.A)

(1) For a corporation:

- i. A President;
- ii. A Vice President in charge of a principal business function;
- iii. A Corporate Secretary; or
- iv. A Treasurer

(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.

C. The form may be submitted electronically to AQMDPermitting@nnph.org.

D. More detailed instructions can be found on Page 4.

II. ASSISTANCE AND RESOURCES

District Board of Health Regulations Governing Air Quality Management:

<https://www.nnph.org/programs-and-services/air-quality/regulations/index.php>

The Air Quality Management Division Permitting Department can be contacted at 775-784-7200 or AQMDPermitting@nnph.org.

CHANGE OF CONTACT INFORMATION

FOR AQMD USE ONLY

1. Facility Information

Permit Number (AAIRXX-XXXX):

Facility Name:

Facility Address:

City:

State:

ZIP Code:

2. Options

Select the option(s) corresponding to the nature of the request, then complete all fields for the selected option(s). If the Responsible Official has also changed, additionally submit a Declaration of Responsible Official Form. If this change is the result of a change in ownership, submit an Application for Change of Ownership and Fee instead.

☐ Mailing Address / Contact Change

Mailing Address:

City:

State:

ZIP Code:

Permitting Contact Name:

Title:

Phone No.:

Fax No.:

Email:

☐ Billing Address / Contact Change

Billing Address:

City:

State:

ZIP Code:

Billing Contact Name:

Title:

Phone No.:

Fax No.:

Email:

3. Certification of Data Accuracy

This application is submitted in accordance with the provisions of District Board of Health Regulations Governing Air Quality Management 030.000.C.2.c.(2), and under penalty of perjury under NRS 199.145, to the best of my knowledge the information supplied in this document is true and correct.

Signature of Current Responsible Official OR Representative (e-signature ok) Date

Printed Name of Current Responsible Official OR Representative

Title of Current Responsible Official OR Representative

DETAILED FORM INSTRUCTIONS**1. Facility Information**

Provide the Permit Number (AAIRXX-XXXX), facility name, and facility address.

2. Options

Select the option(s) corresponding to the nature of the request, then complete all fields for the selected option(s). If the Responsible Official has also changed, additionally submit a Declaration of Responsible Official Form. If this change is the result of a change in ownership, submit an Application for Change of Ownership and Fee instead.

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