

CHANGE OF CONTACT INFORMATION FORM INSTRUCTIONS

How to Complete this Form

- This form is intended to be used for changes in mailing/billing address/contact persons only. If this change is the result of a change in ownership, please submit an Application for Change of Ownership and Fee instead. The form must be filled out completely for the application to be deemed complete.
- The application may be submitted electronically to AQMDPermitting@NNPH.org.
- **More detailed instructions can be found on page 3.**

FOR AQMD USE ONLY

CHANGE OF CONTACT INFORMATION

Facility Information

1. Facility Name:		2. Permit Number:	
3. Facility Address:			
City:	State:	ZIP:	
4. Mailing Address / Contact Change?		Billing Address / Contact Change?	
If the Responsible Official has also changed, please include the Responsible Official Declaration form attached below; otherwise, disregard. If this change is the result of a change in ownership, please submit a Change of Ownership Application and Fee instead.			

Options

5. Mailing Information:			
Mailing Address:			
City:	State:	ZIP Code:	
Permitting Contact Name:		Title:	
Phone No.:		Fax No.:	
Email:			
6. Billing Information			
Billing Address:			
City:	State:	ZIP Code:	
Billing Contact Name:		Title:	
Phone No.:		Fax No.:	
Email:			

7. Pursuant to Washoe County District Board of Health Regulations Governing Air Quality Management, I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

Signature of Current Responsible Official OR Representative **Date**

Printed Name of Current Responsible Official OR Representative

Title of Current Responsible Official OR Representative

DETAILED FORM INSTRUCTIONS

This form is intended to be used for changes in mailing/billing address/contact persons only. If this change is the result of a change in ownership, please submit an Application for Change of Ownership and Fee instead. The form must be filled out completely for the form to be deemed complete.

Facility Information

1. Provide the facility name as it appears on the existing Permit to Operate, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
2. Provide the Permit Number, which can be found at the top of page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
3. Provide the facility address.
4. Indicate if this is a change in mailing and/or billing information by checking the appropriate box. If the Responsible Official has also changed, please include the Responsible Official Declaration form attached below; otherwise, disregard.

Options

5. Facility Mailing Information
Provide the facility mailing address, permitting contact name, title, phone and fax numbers, and email address.
6. Facility Billing Information
Provide the facility billing address, billing contact name, title, phone and fax numbers, and email address.
7. Sign the form as the Responsible Official OR Representative – **e-signature is OK**.

DECLARATION OF RESPONSIBLE OFFICIAL FORM INSTRUCTIONS

This form is intended for existing facilities only that would like to either identify an additional Responsible Official or replace an existing Responsible Official.

- The form must have original wet-ink signature(s), and therefore cannot be transmitted electronically.
- The form may be hand delivered to the AQMD drop box located ([here](#)), or mailed to:
NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512
- Responsible Official is defined as: (DBOH 030.010.A)
 - a. For a corporation:
 - 1) A President;
 - 2) A Vice President in charge of a principal business function;
 - 3) A Corporate Secretary;
 - 4) A Treasurer; or
 - 5) An 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 Control Officer.
 - b. For a partnership or sole proprietorship, a general partner or the proprietor, respectively.
 - c. 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.

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.

FOR AQMD USE ONLY

DECLARATION OF RESPONSIBLE OFFICIAL

1. Facility Information

Facility Name:

Permit Number (AAIRXX-XXXX):

Facility Address:

City:

State:

ZIP Code:

2. Options

Select one of the options below:

I will replace this Responsible Official:

I will assume the role of Responsible Official, with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications, for this operating permit.

*(Fill out contact information in #3 and sign as **new Responsible Official**).*

I am requesting an additional Responsible Official.

With full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications, for this operating permit.

*(Fill out contact information for the additional Responsible Official in #3. **The current Responsible Official and additional Responsible Official should sign**)*

3. Responsible Official Information

Name:

Title:

Phone No.:

Fax No.:

Email:

Mailing Address:

City:

State:

ZIP Code:

Pursuant to Washoe County District Board of Health Regulations Governing Air Quality Management, I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

The current Responsible Official should only sign below to add an additional Responsible Official:

The new or additional Responsible Official should sign below:

Wet-Ink Signature of RO Date

Wet-Ink Signature of RO Date

Printed Name of RO

Printed Name of RO

Title of RO

Title of RO

DECLARATION OF RESPONSIBLE OFFICIAL DETAILED FORM INSTRUCTIONS

1. Facility Information

- Provide the facility name as it appears on the existing Permit to Operate, which can be found at the top of Page 1 of the existing Permit to Operate where it says, "Permit Issued To".
- Provide the Permit Number, which can be found at the top of Page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
- Provide the facility address.

2. Options

Select the option corresponding to the nature of the request. Responsible Official is defined as: (DBOH 030.010.A)

d. For a corporation:

- 6) A President;
- 7) A Vice President in charge of a principal business function;
- 8) A Corporate Secretary;
- 9) A Treasurer; or
- 10) An 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 Control Officer.

e. For a partnership or sole proprietorship, a general partner or the proprietor, respectively.

f. 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.

3. Responsible Official Information

Provide the Responsible Official's name, title, phone and fax numbers, email address, and mailing address.