

## CHANGE OF CONTACT INFORMATION

### FORM INSTRUCTIONS

- This form is intended for existing facilities that would like to make changes to the mailing or billing information. If this change is the result of a change in ownership, submit an Application for Change of Ownership and Fee instead. More detailed instructions can be found on page 4.
- The form should be signed by the Responsible Official OR Designated Owner's Agent or Authorized Representative (e-signature is ok).
- The form may be submitted electronically to [AQMDPermitting@nnph.org](mailto:AQMDPermitting@nnph.org).

### 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](mailto:AQMDPermitting@nnph.org).

**FOR AQMD USE ONLY**

# CHANGE OF CONTACT INFORMATION

## 1. Facility Information

Facility Name:

Permit Number (AAIRXX-XXXX):

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, include the Declaration of Responsible Official Form attached below; otherwise, disregard. 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:

This application is submitted in accordance with the provisions of District Board of Health Regulations Governing Air Quality Management, 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.

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Signature of Current Responsible Official OR Representative

Date

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Printed Name of Current Responsible Official OR Representative

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Title of Current Responsible Official OR Representative

## CHANGE OF CONTACT INFORMATION 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(s) corresponding to the nature of the request, then complete all fields for the selected option(s). If the Responsible Official has also changed, include the Declaration of Responsible Official Form attached below; otherwise, disregard. If this change is the result of a change in ownership, submit an Application for Change of Ownership and Fee instead.

## DECLARATION OF RESPONSIBLE OFFICIAL

This form is intended for existing facilities 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](#) 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](mailto: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:

This application is submitted in accordance with the provisions of District Board of Health Regulations Governing Air Quality Management, 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.

**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)

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.

**3. Responsible Official Information**

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