

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**How to Complete this Form**

- This form is intended for existing facilities only.
- A Responsible Official is defined in [DBOH Regulations Governing Air Quality Management 010.1305](#):
“a Corporation’s Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72.”
- The form must have an **original wet-ink signature(s)**, and therefore cannot be transmitted electronically. The form should be hand delivered to the AQMD drop box located ([here](#)), or mailed to:
NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512
- **More detailed instructions can be found on page 3.**

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or help@unrbep.org. The Business Environmental Program may provide information on completing air quality applications. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.



Visit this link to learn more about working with BEP: <https://unrbep.org/about-bep/working-with-bep/>

- District Board of Health Regulations Governing Air Quality Management: <https://www.washoecounty.gov/health/programs-and-services/air-quality/regulations/index.php>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or AQMDPermitting@NNPH.org.

FOR AQMD USE ONLY

DECLARATION OF RESPONSIBLE OFFICIAL

Facility Information

This completed form, or a letter on company letterhead with original wet-ink signature(s) containing this same information, must be submitted to the AQMD before the requested change or addition will be valid.

1. Facility Name:		2. Permit Number:	
3. Facility Address:			
City:	State:	ZIP:	

Options

4. Select one of the options below:

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 #4 and sign below as New Responsible Official).*

I will replace this 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 #4. The current RO and additional RO should sign below).*

5. Responsible Official Contact Information:

Name:		Title:	
Phone No.:		Fax No.:	
Email:			
Mailing Address:			
City:	State:	ZIP Code:	

6. 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 Date

 Signature of New Responsible Official Date

 Printed Name of Current Responsible Official

 Printed Name of New Responsible Official

 Title of Current Responsible Official

 Title of New Responsible Official

DETAILED FORM INSTRUCTIONS

This form is intended for existing facilities only.

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.

Options

4. Select the option corresponding to the nature of the request.
5. Provide the name, title, phone and fax numbers, email, and mailing address of the Responsible Official.
6. In blue or black ink, sign the form as a current or new Responsible Official (**wet-ink signature required**).