

To be filled in by AQ Staff
Permit No.: _____
Date: _____
Accepted By: _____

**MAJOR SOURCE BY RULE PERMIT APPLICATION FOR AN AIR QUALITY STATIONARY SOURCE PERMIT TO OPERATE**

Return to: Northern Nevada Public Health, Air Quality Management Division  
 1001 East Ninth Street B171  
 Reno, Nevada 89512

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**GENERAL INFORMATION FOR ALL AIR QUALITY PERMIT TO OPERATE APPLICATIONS**

- Application must be filled out completely for all items that are applicable.
  - Application must be signed by a responsible person.
  - **For new facilities an additional Operating Permit Fee will be assessed after completion of the air quality emissions review which will be based on potential emissions calculated for the first year.**
  - The appropriate fee must be submitted with this application. The AQMD fee schedule can be found ([HERE](#)).
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**1. Legal Business Name** (Name Permit will be issued under):

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Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parcel: \_\_\_\_\_ Process Type: \_\_\_\_\_  
 Onsite Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. Mailing Address** (if different than above):

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**3. Billing Address** (if different than above):

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Attach a Description of Process (include: processing times, hours of operation, batches per year, size per batch, etc.):

Enclosed  Not-Enclosed  Not Applicable

5. Attach a Process Flow Diagram:

Enclosed  Not-Enclosed  Not Applicable

6. Attach an Equipment list (see sample excel spreadsheet):

Enclosed  Not-Enclosed  Not Applicable

7. Attach a List of Materials and Estimated Quantities to be used (see sample excel spreadsheet), please included estimated annual emissions from each process:

**\*\*\*\*\* Attach ALL MSDS sheets for all materials \*\*\*\*\***

Enclosed  Not-Enclosed  Not Applicable

8. Attach a Description of Emissions Control Equipment (include: manufacturer, model, serial number, flow diagrams, emission units controlled, etc.):

Enclosed  Not-Enclosed  Not Applicable

NOTE: Applicant agrees to allow on-site inspection during and after construction by the Air Quality Management Division during working hours without prior notice. The operator must notify this office when the facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and all required test data has been forwarded to this office assuring that equipment will meet all district and state regulations.

This application is submitted in accordance with the provisions of Section 030.000, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

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Responsible Party Signature Date

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Print Name Title