

Air Operating Permit – Administrative Permit Amendment Request

Please complete and submit this form to request an administrative permit amendment to your Title V operating permit. If you do not have an existing Title V operating permit, but you are changing your responsible official, use Form 50-117.

A \$500 administrative permit amendment fee must be submitted with this request (Regulation I, Section 7.07(c)(1)).

PAY BY CHECK – Attached and made payable to **Puget Sound Clean Air Agency**

PAY BY CREDIT – Accounting technician will contact person identified below for payment information

Contact Name:	Contact Number:
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In accordance with WAC 173-401-720(c), the requested administrative amendment may be implemented immediately upon submittal of this request.

Section A. Facility Information

1. Facility Owner/Company Name	2. Site Name		
2. Site Address	City	State	Zip
4. Title V Air Operation Permit No.			

Section B. Amendment Type *(Check all that apply)*

<p>Notification of change in or delegation of responsible official(s) name or phone number Must complete Section D of this application Effective date of change in responsible official(s) _____</p> <p>Correcting typographical errors Attach document showing original language and requested amendments</p> <p>Other minor administrative change at the source Attach description of the requested amendment</p> <p>Change of ownership or operational control of a source where no other change in the permit is necessary Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee</p>

Section C. Responsible Official Statement

If changing Responsible Official in Section D, this may be signed by the newly designated Responsible Official. This cannot be signed by the delegated Responsible Official.

Responsible Official Statement:	
<i>I, the undersigned, am a responsible official, as defined in WAC 173-401-200(29), of the Title V source addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I certify that I have authority over the decisions of all other responsible officials, if any, for purposes of Title V permitting.</i>	
_____	_____
Signature	Date

Section D. Primary Responsible Official

This section must be completed only if requesting a change to the Responsible Official in Section B. In addition, complete Section E if delegating authority to another person.

1. Responsible Official Qualification Check all that apply. Must meet one or more of the criteria below to be Responsible Official for the facility. For a corporation: the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; For a partnership or sole proprietorship, a general partner or the proprietor, respectively. For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. The designated representative at an Acid Rain source.			
2. Responsible Official Name		3. Position or Title	
4. Organization or Company			
5. Address	City	State	Zip
6. Mailing Address	City	State	Zip
7. Contact Phone Number	Email		

Section E. Delegated Responsible Official

Only complete this section if the Responsible Official in Section D is delegating his or her authority to another person

1. Delegated Responsible Official Qualification Must meet criteria below to be Delegated Responsible Official for the facility. the delegated representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit; and (check all that apply): the facility employ more than two hundred and fifty persons; or the facility has gross annual sales or expenditures exceeding forty-three million in 1992 dollars; or delegation is to be approved in advance by the permitting authority.			
2. Delegated Responsible Official Name		3. Position or Title	
4. Organization or Company			
5. Address	City	State	Zip
6. Mailing Address	City	State	Zip
7. Contact Phone Number	Email		

SECTION F: Request Submittal

EMAIL application and any attachments to: facilitysubmittal@pscleanair.org	- OR -	MAIL application, payment, and any attachments to: Puget Sound Clean Air Agency ATTN: Engineering Dept. Administrative Assistant 1904 3 rd Ave, Suite 105 Seattle, WA 98101
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