



PUGET SOUND CLEAN AIR AGENCY

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facilitysubmittal@pscleanair.org

COMPLIANCE TEST NOTIFICATION

This Notification of intended action does not constitute approval by the Agency nor does it satisfy a requirement for a test plan, if one exists.

Agency Use Only: Reg No:	Date Received:	Date Logged:
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Facility Name:	<u>Facility Contact Information for Test</u> Name:
Facility Address (include city/state/zip):	

Test Contractor:	<u>Test Contractor Contact Information</u> Name:
Test Contractor Mailing Address:	

Testing Dates:

Emission Unit	Pollutant Tested	Test Method(s) (list all to be used)	Purpose for the Test (see Note below)

Any Test Method Deviations? <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No	Attachments to this Notification? <input type="checkbox"/> Yes (<i>list below</i>) <input type="checkbox"/> No
Written Test Plan Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Person Submitting Notification:	Affiliation:
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NOTE: For example, NSPS/NESHAP Subpart, citation, NOC Order of Approval #, PSD, Puget Sound Clean Air Agency Regulations (I, II, or III), RATA, or Other. Please include the specific requirement if you have it.