

# **ADEQ**

Arkansas Department of Environmental Quality

## **AIR DIVISION**

**REGISTRATION FOR FACILITIES**

**REGULATION 18.315**

**March 2009**

## REGISTRATION FORM

AFIN			DATE	
<b>FACILITY PHYSICAL LOCATION</b>				
Facility Name				
Physical Address or Location				
Physical City				
Physical Zip				
UTM Zone		UTM Westing (nearest meter)		UTM Northing (nearest meter)
NAICS Code		NAICS Description		
<b>FACILITY AIR CONTACT</b>				
Contact First Name				
Contact Last Name				
Contact Position				
Contact Mailing Address				
Contact Mailing City				
Contact Mailing State		Contact Mailing Zip		
Contact Phone #		Contact FAX		
Contact Email Address				
<b>INVOICE MAILING ADDRESS</b>				
Organization Name				
Invoice Contact First Name				
Invoice Contact Last Name				
Mailing Address				
Invoice Mailing State		Invoice Mailing Zip		
Invoice Contact Phone		Invoice Contact FAX		

**1. Organization Status of Applicant**

Please check the box which appropriately describes the legal organization of the applicant.

Solely Owned Proprietorship	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>
General Partnership	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	Please Specify:	

2. If the applicant is a corporation, indicate if it is a domestic (Arkansas) corporation or a foreign (chartered outside of Arkansas) corporation. Domestic  Foreign
3. If the applicant is a corporation, is it currently registered to do business with the Arkansas Secretary of State? Yes  No

**4. Registration Information**

New Facility <input type="checkbox"/>	Existing Facility <input type="checkbox"/>
Existing Facility with an Air Permit <input type="checkbox"/>	List Current Permit No. <i>The permit will be voided with this registration.</i>
Modification of Current Registration <input type="checkbox"/>	List Current Registration No.

5. Attach a brief description of the facility, processes and sources of air pollution emissions.
6. What are the estimated total actual emissions from this facility?

Pollutant	Tons/year
PM	
PM <sub>10</sub>	
SO <sub>2</sub>	
VOC	
CO	
NO <sub>x</sub>	
Single HAP*	
Combination HAP*	
Air Contaminants**	

HAP\* – Hazardous Air Pollutant  
 \*\*Cannot exceed 25 tons per year

7. Attach an explanation of how the emissions estimate was determined e.g. AP-42, test information, etc.
8. Has a Disclosure Statement been submitted to the Department previously? Yes  No   
*(If no, please attach a disclosure statement)*
9. Do you wish to be added the Air Permits Newsletter email list? Yes  No   
 If yes, list the email address(es) you wish to use:  
 (or you can email us at AirPermits@adeq.state.ar.us with “subscribe” (no quotation marks) in the subject box.

10. The registration requires an annual fee of \$200. The Department will send an invoice when the annual fee is due. Submit this Registration to:

Arkansas Department of Environmental Quality  
Air Permitting Section  
5301 Northshore Drive  
North Little Rock, AR 72118

# CERTIFICATION OF APPLICATION

**“Responsible Official”** means one of the following:

- 1) For a corporation: a 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, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
  - A) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1990 dollars); or
  - B) the delegation of authority to such representative is approved in advance by the permitting authority.
- 2) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- 3) For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Typed/printed name of responsible official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of responsible official

\_\_\_\_\_  
Date