

**Lane Regional Air Pollution Authority**

1010 Main Street  
 Springfield, Oregon 97477  
 (541) 736-1056



*Application for Administrative Amendment to  
 Air Contaminant Discharge Permit (ACDP)*

**GENERAL PLANT INFORMATION**

Facility Name * and Division	LRAPA Permit No.	Year of Data	
Facility Street Address	City and Zip Code		
Facility Mailing Address	City and Zip Code		
Facility Contact Person	Title	Phone Number	
Person Authorized to Receive Permits and Invoices	Title	Phone Number	
Mailing Address for Permits and Invoices	City and Zip Code		
Parent Company Name	Contact Person	Phone Number	
Parent Company Mailing Address	City	State	Zip Code
Product or Principal Activity	Total Annual Production of Finished Product(s)		

\* The legal name of the company as it is registered with the Oregon Corporations Division.

**FACILITY CHANGES**

Facility Name	LRAPA Permit No.	Year of Data
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Please use this page to report **ANY** changes made to your facility -- including changes to any production processes (e.g., amount of raw materials used) or equipment associated with them. If you believe that this information has been submitted in the past year, please indicate the date submitted.

Have any changes been made to the facility?  Yes  No If **Yes**, please specify:

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The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe the information and statements to be true, accurate, and complete. The undersigned also acknowledges that the submission of this document in no way modifies the facility's ACDP, and certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.

Name and Title of Person Completing Form	Signature and Date (Please use blue ink)
Name and Title of Authorized Company Representative	Signature and Date (Please use blue ink)