

FOR LRAPA USE ONLY		
Source Number:	Check number:	Initial assignment
Application No:	Amount (\$):	Re-assignment
Date Received :		

1. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:
Standard Industrial Classification (SIC)	Number of employees:

2. Site Contact Person:

Name:	Telephone number:
Title:	e-mail address:

4. Fees:

Fee category	Fee	Total Fee
Initial Assignment Fee	\$126.00	
Annual Fee	\$377.00	
Total Fees		

5. Signature

<i>I hereby apply for permission to discharge air contaminants in Lane County Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.</i>	
Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

SUBMIT TWO COPIES OF THE COMPLETED APPLICATION TO:

**Lane Regional Air Protection Agency
1010 Main Street
Springfield, OR 97477
(541) 736-1056**