

<b>LRAPA Use Only</b>		
Application No.:	Check No.:	<b>Source Number:</b>
Renewal	Amount:	
New	Date Received:	

<b>Company</b>	<b>Facility Location</b> (if other than legal name/address)
Legal Name:	Name:
Ownership type:	Plant start date:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees: (corporate)	Number of employees: (plant site)
*Standard Industrial Class. Code:	*North Amer. Industry Class. System No.:

\*Industrial classifications can be found on the Internet or at your local library.

<b>Site Contact Person</b>	<b>Invoice Contact Person:</b> (if not plant contact)
Name:	Name/Title:
Title:	Address:
Telephone number:	Telephone number:
Fax. number:	Fax number:
e-mail address:	e-mail address:

1. Plant Information:

Crematory Identification Number			
Date crematory was or will be installed or modified			
Projected maximum natural gas burned in a year (cubic feet)			
Maximum amount of material to be cremated in a year (tons)			

2. Is there an operator training plan on site? \_\_\_\_\_
3. Has the operator training plan been approved by LRAPA? \_\_\_\_\_  
If not, attach the operator training plan.
4. Has the facility received any air quality/nuisance complaints within the last calendar year? If yes, describe the nature of the complaint: \_\_\_\_\_
5. The attached Land Use Compatibility Statement must be submitted with applications for new permits.
6. Signature

<i>I hereby certify that the information contained in this application is true and correct to the best of my knowledge.</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