



FORM AQ101

ADMINISTRATIVE INFORMATION

ANSWER SHEET

FOR LRAPA USE ONLY	
Permit Number:	Type of Application:
Application No:	RNW ___ MOD ___ NEW ___ EXT ___
Date Received :	
	Check No. Amount \$

1. Company Legal Name: Mailing Address: City, State, Zip Code: Number of employees (corporate):	2. Facility Location Name: Street Address: City, County, Zip Code: Number of employees (facility):
3. Facility Contact Person Name: Title: Telephone number: Fax. number: e-mail address:	4. Industrial Classification Code(s) Primary SIC and NAICS: Secondary SIC and NAICS:
5. Other LRAPA Permits	
6. Permit Action*: <input type="checkbox"/> New Simple ACDP <input type="checkbox"/> New Construction ACDP <input type="checkbox"/> New Standard ACDP <input type="checkbox"/> New Standard ACDP (PSD/NSR) <input type="checkbox"/> Renewal of an existing permit without changes (include form AQ403 for Standard ACDPs) <input type="checkbox"/> Renewal of an existing permit with changes (include form AQ403 for Standard ACDPs) <input type="checkbox"/> Modification of existing permit	

7. 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

*Applicable fees will be assessed after LRAPA receives the application. Please contact LRAPA for fee questions.



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8. Contact List:

Company Information:

Legal Name:	Other company name (if different than legal name):
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Site Contact Person: *(A person who deals with LRAPA staff about equipment related problems or issues.)*

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

Facility Contact Person: *(A person involved with all environmental issues at the facility although they may be housed at a different site.)*

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

Mailing Contact Person: *(A person for which the company would like all agency communications directed.)*

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

Invoice Contact Person: *(If other than the site contact person, a valid contact information to which invoices and communications related to resolving invoice questions can be directed.)*

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

SUBMIT TWO COPIES OF THE COMPLETED APPLICATION TO:

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