LRAPA Use Only		
Application No.:	Check No.:	Source Number:
Renewal	Amount:	
New	Date Received:	

Company	Facility Location (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:	Number of employees:
(corporate)	(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.

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

1. Plant Information:

- a. Date the facility was manufactured?
- b. Date the facility began or will begin operations in Oregon?
- c. Initial location:
- d. Describe in *detail* the process, beginning with when material is received, through the production process, concluding with how the materials are shipped off site.

Date:

SUBMIT TWO COPIES OF THE COMPLETED APPLICATION TO:

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

Signature of official: