

Facility name: _____

Permit Number: _____

Part A

1.	Contact Person: Name	
	Title	
	Phone number	
	e-mail address	
	Fax number	
2.	Describe the change:	
3.	Date change will take effect:	
4.	Will there be any change in emissions within the PSEL as a result of the off-permit change? If yes, complete Part B and attach documentation.	
5.	Pollutants	
6.	Will the change be subject to any requirements not already addressed in the permit? If yes, list the new requirements by rule citation.	
7.	Is the change addressed or prohibited by the permit?	
8.	Is the change a Title 1 modification?	
9.	Is the change subject to the Acid Rain program?	
10.	Will the change violate any existing permit term or condition?	

Statement of Certification:

Based on information and belief formed after reasonable inquiry, the statements and information in this document and any attachments are true, accurate and complete.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

Part B

Device/process	Pollutant	PSEL (tons/yr)	
		Before change	After change

Provide documentation below or attach the information to this form.