LRAPA
Lane Regional Air Protection Agency

FORM AQ101
ADMINISTRATIVE INFORMATION **ANSWER SHEET**

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

1. Source Number:	
2. Company	**3. Facility Location**
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees (corporate):	Number of employees (facility):
4. Industrial Classification Code(s)	**5. Other LRAPA Permits**
Primary SIC and NAICS:	
Secondary SIC and NAICS:	

6. Permit Action*:

___ Short Term Activity ACDP
___ New Simple ACDP with short-term NAAQS analysis
___ New Construction ACDP with short-term NAAQS analysis
___ New Standard ACDP with short-term NAAQS analysis
___ New or modified Standard ACDP (PSD/NSR) with short-term NAAQS analysis
___ Renewal of an existing permit (include forms AQ402, AQ403, an updated list of equipment, and any other necessary forms)
___ Modification of existing permit (may require short-term NAAQS analysis)

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

7. Signature

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.

_____ _____
Name of official (Printed or Typed) Title of official and phone number

_____ _____
Signature of official Date

8. Company Information:

Legal Name:	Other company name (if different than legal name):

9. Site Contact Person: *(A person who deals with LRAPA staff about equipment related problems or issues.)*

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code

10. 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 address	City, State, Zip Code

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

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code

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

Name:	Telephone number:
Title:	E-mail address:
Mailing address	City, State, Zip Code

SUBMIT ONE COPY OF THE COMPLETED APPLICATION TO:

permitting@lrapa-or.gov

Call (541) 736-1056 with any questions.