



**FORM AQ101  
ANSWER SHEET**

**ADMINISTRATIVE INFORMATION**

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

<b>1. Source Number:</b>	
<b>2. Company</b>	<b>3. Facility Location</b>
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees (corporate):	Number of employees (facility):
<b>4. Industrial Classification Code(s)</b>	<b>5. Other LRAPA Permits</b>
Primary SIC and NAICS:	
Secondary SIC and NAICS:	
<b>6. Permit Action*:</b> ____ 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.**

<b>7. Signature</b>	
<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

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**8. Company Information:**

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



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**SUBMIT ONE COPY OF THE COMPLETED APPLICATION TO:**

Lane Regional Air Protection Agency  
1010 Main Street  
Springfield, OR 97477  
(541) 736-1056  
[permitting@lrpa-or.gov](mailto:permitting@lrpa-or.gov)