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Lane Regional Air Protection Agency

Application for Re-Assignment to General Air Contaminant Discharge Permits and Permit Attachments

Form AQGP-100R

1. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:
Standard Industrial Classification (SIC)	Number of employees:

2. General permit assignment: _____

3. General Permit Attachment assignment: _____

4. Facility changes:
a) Have any activities been added, removed, or changed since your previous application? YES ☐ NO ☐ If "Yes" explain:
_____
_____

b) Has the quantity of air pollutants emitted, as indicated in previous applications, been significantly changed in any way since the last application was submitted? YES ☐ NO ☐ If "YES" explain:
_____

c) If there are any changes anticipated in the near future that would affect air emissions, attach an explanation or proposal.

5. Signature

I hereby apply for permission to discharge air contaminants in Lane County, 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:	Phone number: Email:
Signature of official:	Date:

EMAIL THE COMPLETED APPLICATION TO:

Email: permitting@lrapa-or.gov

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

6. Contact List:

Company Information:

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

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

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: *(Valid contact information to which invoices and communications related to resolving invoice questions can be directed.)*

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