

OWNER REQUESTED LIMIT IDENTIFICATION FORM

<p>Alaska Department of Environmental Conservation Owner Requested Limit Application</p>	<p>ADEC USE ONLY Receiving Date: _____ ADEC Control #: _____ ORL _____ :</p>
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STATIONARY SOURCE IDENTIFICATION FORM

Section 1 Stationary Source Information

Stationary Source Name:			
Project Name (if different):		Stationary Source Contact:	
Source Physical Address:		City:	State: Zip:
		Telephone:	
		E-Mail Address:	
UTM Coordinates or Latitude/Longitude:		Northing:	Easting: Zone:
		Latitude:	Longitude:

Section 2 Legal Owner

Section 3 Operator (if different from owner)

Name:			Name:		
Mailing Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone #:			Telephone #:		
E-Mail Address:			E-Mail Address:		

Section 4 Designated Agent (for service of process)

Section 5 Billing Contact Person (if different from owner)

Name:			Name:		
Mailing Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Physical Address:			Telephone #:		
City:	State:	Zip:	E-Mail Address:		
Telephone #:					
E-Mail Address:					

Section 6 Application Contact

Name:			
Mailing Address:		City:	State: Zip:
		Telephone:	
		E-Mail Address:	

OWNER REQUESTED LIMIT IDENTIFICATION FORM

Section 7 Certification

This certification applies to the Air Quality Control Owner Requested Limit Application for the submitted to the department on: _____

(Stationary Source Name)

Type of Application

- Initial Application
- Change to Initial Application

The application is **NOT** complete unless the certification of truth, accuracy, and completeness on this form bears the **signature of a responsible official** of the firm making the application. (18 AAC 50.205)

CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

"Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete."

Signature:	Date:
Printed Name:	Title:

Section 13 Attachments

- Attachments Included. List attachments: _____

