



<b>DNR USE ONLY</b>	<b>CP-AP</b>
	<b>Facility No.:</b> _____
	<b>Project No.:</b> _____
	<b>SPARS ID:</b> _____
	<b>Field Office:</b> _____

**FORM FI: FACILITY INFORMATION**

Please see instructions on reverse side.

**FACILITY INFORMATION**

1. Company/Facility Name \_\_\_\_\_ 2. Facility Number \_\_\_\_\_

3. Facility Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_

4. Facility Contact \_\_\_\_\_  Mr.  Ms.  Dr.  
 Position Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Email \_\_\_\_\_

5. Equipment Location Address (if different than #3) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_

6. Person Permit Should Be Mailed to (if different than #4) \_\_\_\_\_  Mr.  Ms.  Dr.  
 Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Email \_\_\_\_\_

7. Mailing Address (if different than #3) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Do you want to review draft permits?  Yes  No

9. Is the Equipment Portable?  Yes  No  
 If "Yes" is checked, please attach a separate sheet labeled FI-7A listing all locations at which the equipment will be used.

**PERMIT PREPARER**  
 Complete this section if the application was prepared by a Professional Engineer outside of the company.

10. Name \_\_\_\_\_  Mr.  Ms.  Dr.  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Iowa P.E. Number \_\_\_\_\_

11. PERMIT PREPARER'S SIGNATURE \_\_\_\_\_

**IOWA EASY AIR**  
**E-Signature Agreement and Responsible Official Certification**

12. This agreement and certification is now required for any paper application for an air construction permit submitted to the Air Quality Bureau (aqb) so that the construction permit application can be entered into the Iowa EASY Air System.

**Please read Sections A and B, provide Responsible Official information, and sign on Page 2 of this form.**

- A. I agree:**
- i. That for construction permit purposes, I have authority on behalf of the company to submit the application for this facility.
  - ii. To protect my unique electronic signature device, (Iowa EASY Air account ID, Iowa EASY Air password, Iowa EASY Air PIN, and knowledge-based questions) from compromise and from use by anyone except me.
  - iii. To maintain the secrecy of my electronic signature device, i.e. I will not divulge or delegate my Iowa EASY Air account ID, Iowa EASY Air password, Iowa EASY Air PIN, or my answers to the knowledge-based questions included in my Signatory Identity Baseline to any other individual. Furthermore, I will not store these in an unprotected location and will not allow

- them to be written into computer scripts to achieve automated log-in.
- iv. To contact the Iowa EASY Air Administrator within one business day from suspecting or determining that my Iowa EASY Air account ID, Iowa EASY Air password, Iowa EASY Air PIN, and/or my answers to the knowledge-based questions included in my Signatory Identity Baseline have become lost, stolen, or otherwise compromised.
- v. That **prior** to submission, I will review the contents of the electronic document for which I am the signatory.
- vi. To review, in a timely manner, each e-mail receipt from DNR for all electronic submittals for which I am the signatory. In addition to the date and time of submittal, each e-mail should identify the document submitted and the submitter.
- vii. To contact the Iowa EASY Air Administrator if I do not receive an e-mail receipt as specified above within five (5) business days of my submission.
- viii. To contact the Iowa EASY Air Administrator if I find any evidence of discrepancy between documents submitted and those received by Iowa EASY Air.
- ix. That if I cease to be a signatory for the requested facility or facilities, I will notify the Iowa EASY Air Administrator within five (5) business days from the time I know of this change in my duties.
- x. To retain a copy of this signed agreement as long as I am a signatory for the requested facility or facilities.

**B. I understand:**

- i. That the DNR will contact my company to verify my identity and signing authority.
- ii. That signing this agreement allows me to use the Iowa DNR Iowa EASY Air program to submit electronic documents in lieu of paper submissions for air construction permits to the Iowa DNR's Air Quality Bureau.
- iii. That **after** submission, I will have the opportunity to review the electronic document for which I am the signatory and that I will be able to repudiate it based on this review.
- iv. That I will be legally bound, obligated, and responsible by using my electronic signature device as I would be by using my handwritten signature.
- v. That the Iowa DNR Iowa EASY Air program will automatically reject any electronic document attempted to be submitted without a valid electronic signature if such signature is required.

**CERTIFICATION**

I certify that based on information and belief formed after reasonable inquiry, the enclosed documents, including the attachments are true, accurate, and complete. Legal entitlement to install and operate the equipment covered by and on the property identified in the permit application has been obtained. I certify that making a false statement, representation, or certification of electronic submissions for which I am the signatory may result in civil or criminal penalties.

13. Responsible Official's Name \_\_\_\_\_  Mr.  Ms.  Dr.

Responsible Official's Position Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

14. Responsible OFFICIAL'S SIGNATURE \_\_\_\_\_ 15. Date \_\_\_\_\_

## Instructions for Form FI: Facility Information

- Only one (1) Form FI is required for each application.
- This form identifies the company, locations and personnel involved in the permit application.

**Understanding the FI Form: Each number provides an explanation for the corresponding field on the form.**

1. **Company/Facility Name:** Name of the company or organization applying for the permit.
2. **Facility Number:** If known, provide the facility number assigned by the Department. This number will be in the format of XX-YY-ZZZ and can be found on previously issued permits or correspondence from the department. If you do not know your facility number, you may leave this question blank.
3. **Facility Address:** Provide the address where the facility is located.
4. **Contact Person:** Provide the name and contact information for the person within the company who should be contacted regarding questions or other pertinent information related to the permit application. This is also the person to whom the permit will be mailed, unless otherwise specified in #6.
5. **Equipment Location Address:** Provide the address for where the equipment will be or is already installed, if different than #3. If equipment is portable use the staging area address.
6. **Person Permit Should be mailed to:** Provide the contact information for the person who the permit should be mailed, if different than #4.
7. **Mailing Address:** Provide the mailing address where the permit should be mailed, if different than #3.
8. **Draft Permits:** Indicate if you would like to review draft permits prior to permit issuance. Draft permits will be sent electronically to the email address of the Facility Contact Person. A hard copy of the draft permit will NOT be mailed. **Please note:** The applicant will be allowed a maximum of three (3) business days to review the draft permits and make comments. After the review period is over, the permit will be issued. This is not considered a formal comment period; therefore, the comments will not be responded to in a formal manner, nor will the comments be automatically incorporated into the final permit.
9. **Portable Equipment:** If the equipment is portable (such as a portable asphalt plant), identify by marking “yes.” **If portable equipment will be used in other locations, attach a separate sheet labeled FI-7A to list all locations known at the time of application submittal.**
10. **Permit Preparer’s Information:** If the permit application was prepared by a Professional Engineer outside the company (i.e. consultant), provide the person’s name and contact information. (IAC 567 22.1(3)“b”)
11. **Signature of Permit Preparer.** If a Professional Engineer outside the company prepared the permit, the person must provide their signature on this form.
12. **Certification:** Read the Iowa EASY Air E-Signature Agreement and Certification. Certification is now required for any paper application submitted to the Air Quality Bureau for an air construction permit.
13. **Responsible Official’s Name.** Provide the name and contact information of the Responsible Official associated with this permit. The Responsible Official is someone who has the authority to submit the application on behalf of the company.
14. **Signature of Responsible Official.** The person designated as the responsible official must provide their signature on this form. The application will not be assigned a Project Number for engineering review until a signed Form FI is received.
15. **Date** application is signed.