



**Application for Operating Permit by Rule for Small Sources (Also known as "Fifty Percent Permit")**

**FORM 1.0: FACILITY IDENTIFICATION - CERTIFICATION**

**FACILITY INFORMATION**

Small Source     De Minimus Source

1. Company/Facility Name: \_\_\_\_\_ 2. EIQ Number: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 3. Emission Point Number: \_\_\_\_\_ 4. Emission Point Description: \_\_\_\_\_  
 5. Permit Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT COMPANY INFORMATION**

6. Parent Company/Owner Name: \_\_\_\_\_  
 Contact/Agent Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PRINCIPAL ACTIVITY - PROCESSES AND PRODUCTS**

7. Activity Description \_\_\_\_\_

**SECONDARY ACTIVITY**

8. Activity Description \_\_\_\_\_  
 9. Twelve Month Period used for Total Emissions    Begin \_\_\_\_\_ End: \_\_\_\_\_

**10. ACTUAL - FACILITY TOTAL EMISSIONS (Tons per Year)**

PM-10	SO <sub>2</sub>	NO <sub>x</sub>	VOC	CO	Lead	HAPs

**Certification & Commitment to Operate under the terms and requirements of 567 IAC Rule 24.300.**

"I certify that all equipment at the facility with the potential to emit any regulated pollutant is included in the registration form, and submitted to the department as required in 24.300(8)"b." I understand that the facility will be deemed to have been granted an operating permit by rule for small sources under the terms of 567 IAC 24.300(455B) only if all applicable requirements of 567 IAC 24.300(455B) are met and if the registration is not denied by the director under 567 IAC 24.300(11). This certification is based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete."

\_\_\_\_\_  
 Signature of Responsible Official

\_\_\_\_\_  
 Date Signed

**11. DESIGNATION OF THE RESPONSIBLE OFFICIAL - 567 IAC 24.100**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_