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| **INSTRUCTIONS: Select one or both options in the first field and one of the options from the second field. Complete this form for any source test and/or relative accuracy test audit (RATA) protocol or source test and/or RATA report. Submit a hard copy of this form along with any supporting documentation to the Compliance Branch. This form should be provided as a cover sheet. (NRS 445B.230, NAC 445B.252)** | |
| **Source Test** | **RATA** |
|  | |
| **Protocol** | **Report** |
|  | |
| **A. GENERAL INFORMATION**   1. Identifying Information   Company Name: Enter Company Name  Facility Name: Enter Facility Name  Facility Identification Number: AXXXX  Facility Class: Select Permit Class  Air Quality Operating Permit Number: APXXXX-XXXX  Facility County: Select Facility County  Mailing Address: Enter Street Address  City: Enter City State: Enter State ZIP: Enter Zip Code  Contact Person: Enter Name Contact Title: Enter Title  Phone Number: (XXX) XXX – XXXX, Include Extension if Applicable  Additional Contact Information: Include Preferred Phone Number if Different from Above and/or Preferred Email | | |