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| **INSTRUCTIONS: Complete this form for any initial opacity compliance demonstrations. 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.252.8)** |
| **A. GENERAL INFORMATION**1. Identifying Information

Company Name: Enter Company NameFacility Name: Enter Facility NameFacility Identification Number: AXXXXFacility Class: Select Permit ClassAir Quality Operating Permit Number: APXXXX-XXXXFacility County: Select Facility CountyMailing Address: Enter Street AddressCity: Enter City State: Enter State ZIP: Enter Zip CodeContact Person: Enter Name Contact Title: Enter TitlePhone Number: (XXX) XXX – XXXX, Include Extension if ApplicableAdditional Contact Information: Include Preferred Phone Number if Different from Above and/or Preferred Email1. Method Certification *(Attach a copy of any applicable method certifications required to conduct the visible emission observation)*
2. Reporting Readings
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| System(s) and Unit(s) Observed: List System and Emission Unit Numbers (e.g., System 02 (S2.003))  | Average Opacity Reading: List the average opacities for each visible emission observation |