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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 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   1. Method Certification *(Attach a copy of any applicable method certifications required to conduct the visible emission observation)* 2. Reporting Readings | | |
| 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 | |