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| **INSTRUCTIONS: Complete Section A for any notification that is not related to a COLA start-up or completion. 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, 40 CFR 63.11646(a)(6), 40 CFR 63.11646(a)(7))** |
| **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. Applicable Requirement

Applicable Requirement(s): Enter Requirement(s) (e.g., IV.4.a(iii) or 40 CFR 63.1354) |