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| **INSTRUCTIONS: This form is for information requested by the Compliance Branch ONLY. Confidentiality requests regarding permitting matters must be requested using the permitting confidentiality request form. Complete Sections A and B for the confidentiality request. Submit a hard copy of this form along with the two copies of the information requested (one with no information hidden and the word “Confidential” clearly indicated on each page and a redacted version of all requested information that is intended for public review) to the Compliance Branch of the BAPC unless the information has already been taken control of by the BAPC. If the information has already been obtained by the BAPC, then only a redacted version of the records must be provided along with this request. Any of the information obtained pursuant to this request for confidentiality must clearly state that it is confidential pursuant to this approval. Be advised that the BAPC will verify the content of the confidential information obtained to ensure the information declared confidential conforms with this request. A new/updated request form shall be resubmitted for all future confidentiality requests. Any non-confidential information received prior to this request cannot be retroactively deemed confidential.**  *Notice: Under NRS 239 (the Nevada Public Records Act) the Bureau must hold all records as public unless declared confidential by law. (NRS 239.0113)*  *NRS 239.010.3.*  *”A governmental entity that has legal custody or control of a public book or record shall not deny a request made pursuant to subsection 1 to inspect or copy or receive a copy of a public book or record on the basis that the requested public book or record contains information that is confidential if the governmental entity can redact, delete, conceal or separate the confidential information from the information included in the public book or record that is not otherwise confidential.”* |
| **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   1. Conditions for Protection   As stated in NRS 445B.570(6), “confidential information” means information or records which:   * 1. Relate to dollar amounts of production or sales;   2. Relate to processes or production unique to the owner or operator; or   3. If disclosed, would tend to affect adversely the competitive position of the owner or operator.   *Identify the information to be held confidential and explain how it applies to NRS 445B.570(6)*   |  |  |  |  | | --- | --- | --- | --- | | Item # | Record Description | NRS Qualified Reason | Information Detailing Qualified Reason | | Ex. | Section V.A.4.d(4) | c) | The information is already confidential in the permit. If the quantity of the chemicals were known, a chemist could figure out how to recreate our proprietary compound. | |  |  | Choose Option |  | |  |  | Choose Option |  | |  |  | Choose Option |  | |  |  | Choose Option |  | |  |  | Choose Option |  |   *Attach additional documentation as needed.* | |

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| **B. CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS FORM**   1. Responsible Official Information   Name: (Last) Enter Last Name (First) Enter First Name (Middle) Enter Middle Name  Title: Enter Title  Address: Enter Street Address  City: Enter City State: Enter State ZIP: Enter Zip Code  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. Responsible Official’s Certification of Truth, Accuracy and Completeness   The Responsible Official must sign this statement after the form is completed for each applicable requirement.  I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: Enter Name Date: Enter Signature Date |

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| **C. ROUTING SLIP** *(BAPC use only)*   1. BAPC Compliance Inspector Recommendation   Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.  Reason for denial or additional information request (if applicable):   |  |  |  | | --- | --- | --- | | Name: | Title: | | | Signature: | | Date: |   *Compliance Inspector, Compliance Branch, Bureau of Air Pollution Control*     1. BAPC Supervisor Recommendation   Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.  Reason for denial or additional information request (if applicable):   |  |  |  | | --- | --- | --- | | Name: | Title: | | | Signature: | | Date: |   *Supervisor, Compliance Branch, Bureau of Air Pollution Control*     1. BAPC Chief Recommendation   Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.  Reason for denial or additional information request (if applicable):   |  |  |  | | --- | --- | --- | | Name: | Title: | | | Signature: | | Date: |   *Chief, Bureau of Air Pollution Control*     1. NDEP Deputy Administrator Recommendation   Based on the content and descriptions provided, I am  **approving** or  **denying** or  **requiring additional information** to this request for confidentiality of those items in the aforementioned request per NRS 445B.570.  Reason for denial or additional information request (if applicable):   |  |  |  | | --- | --- | --- | | Name: | Title: | | | Signature: | | Date: |   *Deputy Administrator, Nevada Division of Environmental Protection* |