**Nevada Division of Environmental Protection**

**Bureaus of Air Pollution Control & Air Quality Planning**

**Responsible Official Identification/Designation/Change Request Form**

Use this form to identify the **Responsible Official who will be the point of contact for all permit related correspondence**. You can also use this form to designate an authorized representative **who is responsible for the overall operation of the facility** pursuant to (1)(e) above. If you wish to change the Responsible Official designation governing one or more Air Quality Operating Permits [AQOP(s)], please specify the Permit Number(s) and FIN(s) that are covered by this notice:

|  |  |
| --- | --- |
| FIN(s): | Enter Facility ID Number (FIN) |
| Permit No.(s): | Enter Permit Number(s). |

Pursuant to Nevada Administrative Code (NAC) 445B.156, a Responsible Official is defined as:

1. For a corporation: (a) president; (b) vice president in charge of a principal business function; (c) secretary; (d) treasurer; (e) authorized representative of such a person **who is responsible for the overall operation of the facility** and who is designated in writing by an officer of the corporation and approved in advance by the Director.
2. For a partnership or sole proprietorship: a general partner or the proprietor, respectively.
3. For a municipality or a state, federal or other public agency: a ranking elected official or a principal executive officer, including for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.
4. For an affected source: the designated representative or his or her alternate, as defined in 42 U.S.C. 7651a(26)
5. **Please Identify an individual who is either a Corporate Officer ((1)(a)-(d) above), Sole Proprietor, or Government Official as identified above:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Company Officer Name. | | |
| Title: | Company Officer Title. | | |
| Address: | Enter Address. | | |
| City: | Enter City. | | |
| State: | Enter State. | Zip Code: | Enter ZIP Code |
| Phone #: | Enter Phone Number.(xxx) xxx-xxxx | | |
| Fax #: | Enter Fax #.(xxx) xxx-xxxx | | |
| E-mail: | Enter Email **(REQUIRED)**. | | |

**Select One Option:**

The person identified above will be **acting as the Responsible Official** for the identified permit(s). **Continue to Section C. Signature**

**OR**

The person identified above is **designating the following person to act as the Responsible Official** for the identified permit(s): (designee’s information must be provided in **Section B.** on following page)

1. Please provide **ALL** of the following information **only if designating** a Responsible Official **other than the person Identified in Section A**.

**Designated Responsible Official Name, Title and Mailing Address [NAC 445B.295.1]:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Designated RO Name. | | |
| Title: | Designated RO Title. | | |
| Address: | Address. | | |
| City: | City. | | |
| State: | State. | Zip Code: | ZIP Code. |
| Phone #: | Phone Number.(xxx) xxx-xxxx | | |
| Fax #: | Fax Number.(xxx) xxx-xxxx | | |
| E-mail: | Email (**REQUIRED**). | | |

1. **Signature Authority**

Pursuant to the conditions specified under NAC 445B.156, I hereby certify the above Responsible Official notification or designation under penalty of perjury. **This certification rescinds all previous notifications or designations.**

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: | Company Officer Name. Will autofill from above information when printed |
| Title: | Company Officer Title. Will autofill from above information when printed |

*Must be the individual identified in* ***Section A*** *above.*