AIR QUALITY PERMIT CANCELLATION REQUEST FORM

Company Information:

Company Name:_____

Facility Name:_____

Facility Address:_____

Permit Number:_____

Reason for Permit Cancellation

☐ Facility permanently closed. Date: _____
☐ Emission units permanently removed or dismantled.
☐ Facility no longer conducts activities requiring an air quality permit.
☐ Other (please explain):_____

Effective Date:

Requested Permit Cancellation Date: _____

Certification:

- The information contained in this request is true, accurate, and complete to the best of my knowledge.
- The facility has permanently ceased the permitted operations or otherwise no longer requires the referenced air quality permit.
- Any applicable notification, recordkeeping, reporting, closure, or compliance requirements have been or will be satisfied.
- I understand that cancellation of this permit does not relieve the owner or operator of liability for any violations that occurred while the permit was in effect.
- I understand that if the facility resumes operations requiring an air quality permit after this permit is cancelled, a new air quality permit must be obtained prior to the construction, installation, and operation of an emission unit.

Responsible Official Certification

Printed Name:_____

Title:_____

Signature:_____

Date:_____