



AIR QUALITY BUREAU
7900 Hickman Rd., Suite 1
Windsor Heights, IA 50324

IOWA OPERATING PERMIT APPLICATION

Application for permit to operate an air contaminant source

PERMIT APPLICATION FOR:

- Title V Operating Permit
 Voluntary Operating Permit

Permit Application Type: (check all that apply)

- Minor Permit Modification
 Significant Permit Modification
 Administrative Amendment
 Annual Emissions / Fee
 Initial
 Renewal
 Supplemental Info

Application Includes: (Check all that apply)

- Part 1 – GENERAL EMISSIONS INFORMATION
 Part 2 – AIR POLLUTION CONTROL REQUIREMENTS & COMPLIANCE
 Part 3 – APPLICATION CERTIFICATION – Required for ALL submissions

FOR AGENCY USE ONLY
OPERATING PERMIT ONLY
FACILITY NO.

Form 1.0 FACILITY IDENTIFICATION

TYPE ALL INFORMATION

1) COMPANY/FACILITY Name			2) EIQ Number		
3) FACILITY Street Address		4) Facility City		State	5) Zip Code
				IA	
6) Facility Permit Contact Person		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	Facility Contact Title		7) Facility Contact Phone Number
8) MAILING Street/P.O. Address			9) Mailing City		10) State
					11) Zip Code
12) PARENT COMPANY/OWNER Name			Number of Employees		
			19) Facility Total		20) Company Total (Iowa)
13) PARENT COMPANY/OWNER Mailing Address			Principal Activity – Processes and Products		
14) City		15) State	16) Zip Code	22) NAICS Code: Description:	
				21) SIC Code: SIC Description:	
17) Parent Company Contact/Agent			SIC Code: SIC Description:		NAICS Code: Description:
18) Parent Company Contact Phone Number			SIC Code: SIC Description:		NAICS Code: Description:
24) Designation of the Responsible Official - 567 IAC 22.100					
Name		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		Address	
Title		City		State	Zip Code
					Phone
APPLICATION AND COMPLIANCE CERTIFICATION REQUIRED					
As required by 567 Iowa Administrative Code subrule 22.107 (4) and 22.203(1)"d" a CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS must be signed by the responsible official designated above and accompany this Application. The Applicant must certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this Application are true, accurate and complete. PART 3 of this application contains the certification form and must accompany ALL Application and Fee submissions.					
A CERTIFICATION OF COMPLIANCE, as required by 567 Iowa Administrative Code subparagraph 22.105(2)"i"(1) and 22.203(2)"g"(1), must be completed for PART 2 submissions.					

Duplicate this form as needed

TYPE ALL INFORMATION

(DNR Form 542-4006, December 2009)