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| --- | --- |
| **1. Business information:** | **Air Quality Use Only** |
| Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted |
| **Source Number** |  |
| Type of organization: | [ ]  Corporation [ ]  Individual [ ]  Partnership [ ]  Government Agency  | Telephone | Fax |
| **2. Mailing address:** |
| Street | City, State, Zip |
| **3. Address at which the source is operated:** |
| Street | City, State, Zip |
| **4. Source of operation affected:** |
| Type of Equipment | Manufacturer |
| Description and Details |
| **5. Proposed action:** (attach additional sheets if necessary) |
| Describe the method proposed for controlling this source. The description must be sufficient in detail to enable Air Quality to evaluate the control plan. |
| **6. Compliance schedule:** |
| Action | Starting Date | Completion Date |
| Engineering |  |  |
| Procurement |  |  |
| Fabrication |  |  |
| Installation |  |  |
| Adjustment |  |  |
| **7. Comments** |
|  |
| **8. This proposed schedule of corrective action is submitted to explain and describe action which will be taken to control emissions. The Director is requested to consider this proposed schedule of corrective action in determining action with regard to such emissions.**  |
| Print name of the responsible official | Title |
| Signature of responsible official | Date of application |