

National Emission Standards For Hazardous Air Pollutants for 40 CFR PART 63 NESHAP, SECTION 112j AFFECTED SOURCES Application for a MACT Applicability Determination	FOR AGENCY USE ONLY
	ID NUMBER:

INFORMATION ABOUT THE NESHAP APPLICABLE TO YOUR FACILITY MAY BE FOUND AT: <http://www.epa.gov/ttn/atw/>

SOURCE INFORMATION		
1) SOURCE NAME:		
2) DATE FORM PREPARED: / /	3) SOURCE ID NO.:	
PHYSICAL LOCATION		
4) ADDRESS:	5) COUNTY:	
6) CITY:	7) STATE:	8) ZIP CODE:
MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL LOCATION)		
9) ADDRESS:	10) COUNTY:	
11) CITY:	12) STATE:	13) ZIP CODE:

14) Subparts of 40 CFR PART 63 NESHAP to which the sources are subject: _____.

(NOTE: SUBPART (S) SHOULD HAVE BEN LISTED IN PART 1 APPLICATION)

SIGNATURE BLOCK	
17) I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.	
AUTHORIZED SIGNATURE:	
BY:	
_____	_____
AUTHORIZED SIGNATURE	TITLE OF SIGNATORY
_____	/ _____ / _____
TYPED OR PRINTED NAME OF SIGNATORY	DATE

- A RESPONSIBLE OFFICIAL CAN BE:
- THE PRESIDENT, VICE PRESIDENT, SECRETARY, OR TREASURER OF A CORPORATION THAT OWNS THE FACILITY, OR A DULY AUTHORIZED REPRESENTATIVE THAT IS RESPONSIBLE FOR THE OVERALL OPERATION OF THE FACILITY,
 - AN OWNER OF THE FACILITY,
 - A PRINCIPAL EXECUTIVE OFFICER IF THE FACILITY IS OWNED BY THE FEDERAL, STATE, CITY, OR COUNTY GOVERNMENT,
 - A RANKING MILITARY OFFICER IF THE FACILITY IS LOCATED AT A MILITARY BASE, OR
 - A GENERAL PARTNER OF A PARTNERSHIP THAT OWNS THE FACILITY

THIS AGENCY IS AUTHORIZED TO REQUIRE AND YOU MUST DISCLOSE THIS INFORMATION UNDER 415 ILCS 5/39. FAILURE TO DO SO COULD RESULT IN THE APPLICATION BEING DENIED AND PENALTIES UNDER 415 ILCS 5 ET SEQ. IT IS NOT NECESSARY TO USE THIS FORM IN PROVIDING THIS INFORMATION. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

