

FORM A1

Stationary Source (General Information)

GENERAL INFORMATION			
1. Permittee:			
Permittee Name:			
Mailing Address Line 1:			
Mailing Address Line 2:			
City:	State:	Zip Code:	
2. Stationary Source Name:			
3. Stationary Source Physical Address:			
Physical Address Line 1:			
Physical Address Line 2:			
City:	State: AK	Zip Code:	
4. Location:	Latitude:	Longitude:	
5. Primary SIC Code:	SIC Code Description:	Primary NAICS Code:	
6. Current/Previous Title V Air Permit No.:	Expiration Date:		
7. Does this application contain confidential data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. APPLICATION IS BEING MADE FOR:			
<input type="checkbox"/> Initial Title V Permit for this Stationary Source <input type="checkbox"/> Modify Title V Permit (currently permitted) <input type="checkbox"/> Title V Permit Renewal			
9. CONTACT INFORMATION (Attach additional sheets if needed)			
Owner:		Operator:	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
Permittee's Responsible Official:		Designated Agent:	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
Stationary Source and Building Contact:		Fee Contact:	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
Phone:	Email:	Phone:	Email:
Permit Contact:		Person or Firm that Prepared Application:	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
Phone:	Email:	Phone:	Email:
10. STATEMENT OF CERTIFICATION			
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.			
Name of Responsible Official (typed):		Title:	
X Signature (blue ink):		Date:	