



**FACILITY CREATION FORM**

For new facilities or facilities not currently permitted by BAAQMD

All fields are required unless otherwise noted. Please type or print.

**Mail to:**  
BAAQMD  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

Tel: (415) 749-4990

➤ A **Facility Contacts Form** must also be submitted with this form.

**1. Facility Name**

Facility Name

**2. Ownership and Business Type**

Owning Entity

Type of Business (Select one)

Corporation

Federal government

Partnership

State government

Sole proprietorship

Local government

**3. Facility Physical Address/Location**

**This facility does not have a street address.** If checked, submit map with location marked. (See instructions)

Street Address or Intersection or Nearest Street		
Address Line 2 (Optional)		
City	State	Zip Code
	CA	

**4. North American Industry Classification System Code**

Enter your facility's primary NAICS code.

NAICS Code (6 digits)

**5. Certification/Signature** of person responsible for the information on this form.

***I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.***

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)

**BAAQMD Office Use Only – Skip this section**

BAAQMD Facility ID



**FACILITY CONTACTS FORM**

For new information on and updates to facility contacts

All fields are required unless otherwise noted. Please type or print.

**Mail to:**  
BAAQMD  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

Tel: (415) 749-4990

**1. Purpose of submitting this form**

This form is being submitted to: (Select one)

Provide information on facility contacts for a new facility. (Complete all sections)

Update information on current facility contacts (Complete Parts 1, 2, 6 and applicable contact sections)

**2. Facility Name**

Facility Name	BAAQMD Facility ID (except new facilities)

**3. Owner Contact**

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

**4. Operator Contact – Select existing contact or fill out information below.**

Same as Owner Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	



**FACILITY CONTACTS FORM**

For new information on and updates to facility contacts

All fields are required unless otherwise noted. Please type or print.

**Mail to:**  
BAAQMD  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

Tel: (415) 749-4990

**5. Billing Contact - Select existing contact or fill out information below.**

Same as Owner Contact

Same as Operator Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City	State	Zip Code	
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

**6. Certification/Signature of person responsible for the information on this form.**

*I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.*

Name		Title	
Signature		Date	Phone (xxx-xxx-xxxx)



## Instructions: Facility Creation Form

---

**Introduction** Use the following instructions to help guide you through the **Facility Creation form**. You must submit a Facility Contacts form as well as this form.

---

**Who should use this form?** This form is for:

- New facilities, not previously permitted by BAAQMD at that location/address.
- Currently permitted facilities that will be changing locations. BAAQMD permits are not transferrable. A new permit application is required.
- If applicable, submission with the **Transfer of Ownership form**. See instructions

---

**Owning Entity & Type of Business** **Owning Entity** - The individual, partnership, limited liability company, corporation, or other entity that owns or controls the permitted equipment and is responsible for the permit to operate. If no fictitious name is used, the owner can be the same name as the facility name above.

**Type of Business**

A partnership is an association of two or more persons to carry on as co-owners.  
 A sole proprietorship is owned and run by one individual and in which there is no legal distinction between the owner and the business.

---

**Facility Physical Address** If your facility does not currently have a physical address, enter a cross street or nearest street along with the city and zip code. Submit a map, outlining the physical boundaries of your property in addition to the form.

---

**North American Industry Classification System code** North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. This code represents the primary operation of your business, NOT the primary device permitted by BAAQMD.

Below are common NAICS codes:

811121	Automotive Body, Paint, and Interior Repair and Maintenance
812320	Dry Cleaning and Laundry Services (except Coin-Operated)
447110	Gas dispensing facility with Convenience Stores
447190	Gas dispensing facility without Convenience Stores

---

**Still need help?** Call the Engineering Division at (415) 749-4990.

---