

Engineering Division
Bay Area Air Quality Management District
375 Beale Street, Ste# 600, San Francisco, CA 94105
415-749-4990

**Stationary Source
Summary**
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FACILITY NAME:	FACILITY ID:
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◆ DISTRICT USE ONLY ◆

Application #: _____ Application Received: _____

Application Filing Fee: _____ Application Deemed Complete: _____

I. FACILITY IDENTIFICATION

1. Facility Name:	
2. Four digit SIC:	EPA Plant ID:
3. Parent Company (if different than Facility Name):	
4. Mailing Address:	
5. Street Address or Source Location:	
6. UTM C oordinates (if required):	
7. Source Located within 50 miles of the state line: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Source Located within 1000 feet of a school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Type of Orginzation: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Utility Company	
10. Legal Owner's Name:	
11. Owner's Agent name (if any):	
12. Responsible Official:	
13. Plant Site Manager/Contact:	Telephone #: () -
14. Type of Facility:	
15. General description of processes/products: _____ _____	
16. Is a Federal Risk Management Plan pursuant to Section 112(r) required? <input type="checkbox"/> Yes <input type="checkbox"/> No (If application is submitted after Risk Management Plan due date, attach verification that the plan is registered with the appropriate agency.)	