

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 that have not been permitted previously by the Air District at the listed location/address.
- Currently permitted facilities that will be changing locations. Air District permits are tied to the address on the permit and cannot be transferred to a new location. A new permit application is required if there is no existing permit at the new address.
 - If you are taking over a facility location with an existing Air District permit, submit a **Transfer of Ownership Form** instead of this form.

Owning Entity Name and Type

- **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.
- **Type of Owning Entity:**
 - Partnership – An association of two or more persons to carry on as co-owners.
 - Sole Proprietorship – Owned and operated by one individual and in which there is no legal distinction between the owner and the business.

Facility Physical Address / Location

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.

Overburdened Communities (OBCs) are defined in Regulation 2, Rule 1, Section 243. An interactive map of OBCs can be found here: <https://www.baaqmd.gov/about-air-quality/interactive-data-maps>

North American Industry Classification System

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 US business economy. This code represents the primary operation of your business, NOT the primary device permitted by the Air District.

Submission Information

All applications can be submitted through our Online Permitting System, by e-mail, or by mail:

- Online Permitting System: <https://www.baaqmd.gov/onlinepermitting>
- E-mail: permits@baaqmd.gov
- Mail: Bay Area Air District, Engineering Division, 375 Beale Street, Suite 600, San Francisco, CA 94105

Still need help?

Contact the Engineering Division: (415) 749-4990 | permits@baaqmd.gov

FACILITY CREATION FORM



For new facilities or facilities not currently permitted by the Air District.
All fields are required unless otherwise noted. Please type or print.

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

1. Facility Name

| |
|---------------|
| Facility Name |
| |

2. Owning Entity Name and Type

| |
|-----------------------|
| Name of Owning Entity |
| |

Type of Owning Entity:

- Corporation Local Government Sole Proprietorship
 Federal Government Partnership Local Government

3. Facility Physical Address/Location

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

| | | | |
|--|--|---------------------------|----------|
| Address Line 1 or Intersection or Nearest Street | | Address Line 2 (Optional) | |
| | | | |
| City | | State | Zip Code |
| | | CA | |

Is this facility within an Overburdened Community, as defined in Regulation 2-1-243: Yes No
(OBC Map: <https://www.baaqmd.gov/about-air-quality/interactive-data-maps>)

4. Facility's Primary North American Industry Classification System Code

These sites have searches and other tools to help you determine the NAICS number: www.census.gov / www.naics.com

| |
|-----------------------|
| 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 and that all information contained herein is true and correct.

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

Instructions: Facility Contacts Form

Introduction

Use the following instructions to help guide you through the **Facility Contacts Form**. All information requested is required unless otherwise noted. Please type or print.

Who should use this form?

This form is for:

- New facilities that have no contacts associated with their facility. A **Facility Creation Form** must also be submitted.
 - Existing facilities that need to update information on contacts already associated with the facility.
-

Facility Information

- **Air District Facility ID** – The facility ID number is available on any permit or invoice issued by the Air District. This can be found in the upper right of the permit or the invoice.
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Contact Types

- **Owner Contact** – The individual representing the owner. The owner is 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. Permits will be mailed to this contact.
 - **Operator Contact** – The individual responsible for the day-to-day operations and/or air quality issues at the facility. Annual emissions update forms (if required) will be mailed to this contact.
 - **Billing Contact** – The individual responsible for paying invoices. Invoices will be mailed to this contact.
-

In order to receive e-mail notifications about a facility, you must:

1. Create an Air District online account at <https://myaironline.baaqmd.gov/account/login>,
2. Link the facility to the online account using an access code, and
3. Have the same online account e-mail saved to one or more of the facility contacts.

E-mail Notifications

The type of notifications you will receive will depend on the facility contact:

- **Owner Contact** – notifications about issued permits
- **Operator Contact** – notifications about annual emissions data updates
- **Billing Contact** – notifications about renewal invoices

Contact PermitHelp@baaqmd.gov for access codes to link facilities to your online account. Access codes can only be provided to facility contacts, so submit this form with your request if you are not a contact already.

Submission Information

This information can be updated through the facility overview page of a linked facility on your Customer Dashboard, or submitted by e-mail or by mail:

- Customer Dashboard: <https://myaironline.baaqmd.gov/account/login>
 - E-mail: permits@baaqmd.gov
 - Mail: Bay Area Air District, Engineering Division, 375 Beale Street, Suite 600, San Francisco, CA 94105
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Still need help?

Contact the Engineering Division: (415) 749-4990 | permits@baaqmd.gov

FACILITY CONTACTS FORM



1. Facility Information

New facility (complete all sections) Existing facility (complete sections 1, 5, and any applicable contact sections)

| | |
|---------------|---|
| Facility Name | Air District Facility ID (Existing facilities only) |
| | |

2. 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 |
| | | |
| Email Address | Primary Phone (xxx-xxx-xxxx) | Alternate Phone (Optional) |
| | | |

3. Operator Contact – Select previous 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 |
| | | |
| Email Address | Primary Phone (xxx-xxx-xxxx) | Alternate Phone (Optional) |
| | | |

4. Billing Contact – Select previous 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 |
| | | |
| Email Address | Primary Phone (xxx-xxx-xxxx) | Alternate Phone (Optional) |
| | | |

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

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

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