

Instructions: Start-Up Notification Form

Use the following instructions to help guide you through the **Start-Up Notification Form**.

Introduction

Official notification is required when new and modified devices have initiated operation. After notification and compliance with any start-up requirements, a Permit to Operate or Certificate of Registration for the device will be issued. Failure to meet these requirements may result in the denial of the permit.

Who should use this form?

This form is for:

1. Notifying the Air District of a start-up date for devices permitted under an Authority to Construct; OR
2. Notifying the Air District of a change to a previously reported start-up date.

Facility and Device Information

This information is available on your Authority to Construct.

Start-Up Date

The start-up date is the date when operation of a new device or of an existing, modified device has been scheduled.

Equipment Serial Number

This section is REQUIRED for Internal Combustion Engines and Dry Cleaning Machines.

Start-Up Requirements

The device must be built/modified as represented in the permit application and as authorized by the Authority to Construct. There may also be requirements that must be met before or during the start-up period (the period of time between initial operation and the issuance or denial of a Permit to Operate). Some typical examples include, but are not limited to:

- Initial source testing
- The shutdown of a replaced device
- Submission of device information

Unless otherwise stated in an Authority to Construction condition, all information for demonstrating compliance with any start-up requirements should be submitted to the attention of the Engineering Division. **Include the Air District facility ID, device ID, application number, and condition ID for all submissions.**

Submission Information

This form can be submitted by e-mail or by mail:

- 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

START-UP NOTIFICATION FORM



For notifying when new or modified devices have initiated operation.
All fields are required unless otherwise noted. Please type or print.

1. Facility and Device Information

| | |
|--------------------|--------------------------|
| Facility Name | Air District Facility ID |
| | |
| Application Number | Air District Device ID |
| | |

2. Reason for submitting this form

I am submitting this form to:

- Notify a scheduled start-up date for the first time Revise a previously reported start-up date

3. Start-Up Date

Enter the scheduled start-up date for the device listed in section 1. The start-up date is when the operation of a new or modified device is scheduled to begin.

| |
|--------------------------------------|
| Scheduled Start-Up Date (MM/DD/YYYY) |
| |

4. Equipment Serial Number – REQUIRED for Internal Combustion Engines and Dry Cleaning Operation machines only

Enter the serial number of the device, if applicable.

| |
|---------------|
| Serial Number |
| |

5. Start-Up Requirements

Before the Air District can issue your Permit to Operate, you must demonstrate that the device listed in section 1 was built as authorized and in compliance with any start-up requirements by condition or rule.

- a) Was the device built as represented in the permit application and as authorized by the Authority to Construct?
 Yes No
- b) Does the device have any requirements to meet prior to or during the start-up period?
 Yes No
- c) If YES to Question 5b, has the device already met those requirements?
 Yes No (submit documentation demonstrating compliance with start-up requirements when completed)
- d) If YES to question 5c, has documentation already been provided to the Air District demonstrating compliance with the start-up requirements?
 Yes No (submit documentation demonstrating compliance with start-up requirements)

6. 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) |
| | | |