



Instructions: Material Removal From Source Form

Introduction	Use the following instructions to help guide you through the Material Removal From Source Form .
Who should use this form?	This form is for owners or operators that want to remove material(s) associated with a source on your permit.
Notes	<ol style="list-style-type: none">1. This action does not change language on your permit condition.2. This action will remove the material from future requests for usage/throughput.3. To request a material to be added to a source, submit a Data Form X.
Facility Identification	Facility ID – The facility ID or Plant number is available on any permit or invoice issued by BAAQMD. This can be found in the upper right of the permit or the invoice.
Materials to be removed from a source	<ul style="list-style-type: none">• Source number – This is the BAAQMD assigned source number available on your permit issued by BAAQMD.• Material name and/or material code – This is located on the Data Update forms.• Effective Date – Enter the date of your request or a future effective date.• If you need more space, attach to this form a list of additional sources and materials in the same table format.
How do I submit this form?	<p>By Email: permits@baaqmd.gov</p> <ul style="list-style-type: none">• Include your Facility ID in the subject line and attach the PDF copy of the form. <p>By Mail:</p> <p>BAAQMD – Engineering Division 375 Beale Street, Suite 600 San Francisco, CA 94105</p>
Still need help?	Email (preferred): permits@baaqmd.gov – Include your Facility ID in the subject line. Phone: Engineering Division at (415) 749-4990.



MATERIAL REMOVAL FROM SOURCE FORM

For removing permitted materials from a source
All fields are required unless otherwise noted. Please type or print.

Send to:
BAAQMD – Engineering Division
375 Beale Street, Suite 600
San Francisco, CA 94105
Email: permits@baaqmd.gov
Tel: (415) 749-4990

1. Facility Identification

Facility ID #	Facility Name

2. Material(s) to be removed from a source

If you need more space, attach this form with a list of additional sources and materials in the same table format.

Source #	Material Name and/or District Material Code	Effective Date

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

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

Name		Signature	
Title	Phone Number	Email - Optional	Date