Permit Services Division
Bay Area Air Quality Management District
375 Beale Street, Suite 600, San Francisco, CA 94105 • (415) 749-4990

Major Facility Review
Applicable Requirements & Compliance Summary

FACILITY NAME: _____ **FACILITY #:** _____

Source #(s): _____ **Source Name(s)** _____

APPLICABLE REQUIREMENTS

In numerical order, list all equipment with any applicable requirements. Include any work practice standards or throughput limits pursuant to NSR or District Regulations. Indicate the date during the permit term that the applicable requirement(s) will be effective. If more lines are required, please use additional forms. If information does not fit in the space allotted, attach documentation and reference it on this form. Use the "FE" column to state whether the requirement is federally enforceable. Type or print legibly.

APPLICABLE REGULATIONS	FE	TEST METHODS (if any)	MONITORING PROTOCOL	REPORTING PROTOCOL	RECORDKEEPING PROTOCOL	COMPLIANCE (Y, N)	FUTURE EFFECTIVE DATE

_____
Date

Attach any documentation to this form.