



PDEQ AIR QUALITY STATIONARY SOURCE PERMIT CONTACT FORM

Pima County Department of Environmental Quality
Air Program
33 N. Stone Avenue, Ste 700
Tucson, AZ 85701-1429

Date: _____

Please check the box(s) identifying the specific change(s) requested and complete the associated fields below:

Request: Responsible Official (RO) Additional Responsible Official(s) Invoicing Contact
 Mailing Address Phone Fax E-mail

AQ PERMIT(s)/ ATO #(s) _____

PRIMARY RESPONSIBLE OFFICIAL CHANGE

I request a change of the **Primary Responsible Official (RO)** for the above referenced permit(s).

I, **Name:** _____, will assume the role as the Primary Responsible Official (RO) for the certification of all letters, reports, notifications and applications submitted to PDEQ. In accordance with our operating permit, pursuant to PCC 17.04.340.A.200.

PRIMARY RESPONSIBLE OFFICIAL CONTACT INFORMATION

Address: _____

City: _____, **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

ADDITIONAL RESPONSIBLE OFFICIAL CHANGE

As **Primary RO**, I request an additional responsible official(s) to act in my stead for the above referenced permit.

In accordance with our operating permit, pursuant to PCC 17.04.340.A.199.a.ii I am adding the following additional person(s) as Responsible Official(s) (ROs) for the above referenced permit:

Name: _____ **Name:** _____

ADDITIONAL RESPONSIBLE OFFICIAL CONTACT INFORMATION

Same Address as Primary RO

Same Address as Primary RO

Address: _____

Address: _____

City: _____, State: ___ Zip: _____

City: _____, State: ___ Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

INVOICING CONTACT

NOTICE: If an invoicing contact is not designated, the Primary RO will be the invoicing contact.

As **Primary RO**, I request the addition of, or change of the invoicing contact for the above referenced permit.

The following person/department: **Name:** _____, will assume the role as the invoicing contact for all permit billing and invoicing purposes required by PDEQ.

INVOICING CONTACT INFORMATION

Same Address as Primary RO

Address: _____

City: _____,

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

As **Responsible Official (RO)** for the above referenced permit and pursuant to PCC 17.12.165.H and 17.12.160.I:

I, _____ certify that based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate and complete.

Signature of Responsible Official

Official Title of Responsible Official