



Gila River Indian Community
Department of Environmental Quality
Air Quality Program

Deliver or Mail all Applications to:
Gila River Indian Community DEQ
Air Quality Program
1576-A South Nelson Road
Chandler, AZ 85226

INSTRUCTIONS

NON-TITLE V AIR QUALITY PERMIT RENEWAL APPLICATION

Applications can be mailed or submitted in person to the following address:

Gila River Indian Community DEQ
Air Quality Program
1574-A South Nelson Road
Chandler, AZ 85226.

Use this form to apply for a renewal of Non-Title V air quality permit for an entire facility. Do not use it to apply for a new permit, amend prior applications, add additional pieces of equipment to an existing permitted facility, or transfer a current air quality permit from one person to another. Also do not use this application form for applying for a Title V Air Quality Permit.

Complete the application by typing or printing legibly. The submitted application and documents become the property of the Gila River Indian Community (GRIC) Department of Environmental Quality (DEQ) Air Quality Program (AQP) and will not be returned. All submitted documents will be available to the public unless a notice of confidentiality has been submitted by the applicant in accordance with the GRIC Air Quality Management Plan (AQMP) under Community Code Title 17, Chapter 9 and accepted by the AQP. If confidentiality is claimed pursuant to AQMP, a fully completed application with confidential information clearly identified along with a separate copy of the application for public review without the confidential information and a written justification for the confidentiality claimed must be submitted. For a permit renewal application, an application fee is not required. An annual administrative fee will be charged per the AQMP. For questions regarding billing, call (520) 796-3781 or email air@gric.nsn.us.

The AQMP may be viewed at our offices or you may contact the AQP by telephone at (520) 796-3781 or email air@gric.nsn.us to obtain a copy.

Complete items 1-14. If necessary, attach additional sheets to the application to provide all required information. Submit the application by completing the attached original forms. **All applicants must complete items 1 through 14 or the application will be deemed incomplete.**

If you need help completing the application package, please contact Ryan Eberle at (520)796-3781 or ryan.eberle@gric.nsn.us.



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 Air Quality Program
 1576-A South Nelson Road
 Chandler, AZ 85226

FOR OFFICIAL USE ONLY DATE RECEIVED
LOG NUMBER

RENEWAL APPLICATION FOR NON-TITLE V AIR QUALITY PERMIT

(As required by Gila River Indian Community Air Quality Management Plan Title 17 Chapter 9)

RENEWAL APPLICATIONS MUST BE SUBMITTED AT LEAST SIX MONTHS, BUT NOT MORE THAN 18 MONTHS, PRIOR TO THE DATE OF PERMIT EXPIRATION.

1. EXISTING PERMIT NUMBER: _____		PERMIT EXPIRATION DATE: _____	
2. WILL THERE BE ANY CHANGES TO THE OPERATING SCENARIO(S) FROM THAT DEFINED IN THE EXISTING PERMIT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. WILL THERE BE ANY NEW, MODIFIED, OR RECONSTRUCTED STATIONARY SOURCES OR AIR POLLUTION CONTROL EQUIPMENT FROM THAT DEFINED IN THE EXISTING PERMIT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. ARE THERE ANY EMISSIONS PRESENT THAT HAVE NOT BEEN CORRECTLY IDENTIFIED AND DEFINED IN THE CURRENT PERMIT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. WILL THERE BE ANY CHANGES THAT TRIGGER ANY OTHER NEW APPLICABLE REQUIREMENTS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. HAS THE OWNERSHIP OF THIS FACILITY CHANGED SINCE THE PERMIT WAS LAST ISSUED OR TRANSFERRED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES , SUBMIT AN APPLICATION FOR NON-TITLE V PERMIT (IN ADDITION TO THIS RENEWAL APPLICATION). REFER TO PART II, SECTION 5.4 AND 5.5 OF THE AIR QUALITY MANAGEMENT PLAN (AQMP) AND CONDITION 16 OF THE EXISTING PERMIT TO DETERMINE WHETHER A MINOR OR SIGNIFICANT REVISION IS NEEDED.			
IF YES , SUBMIT A NOTICE OF PERMIT TRANSFER IN ACCORDANCE WITH PART II, SECTION 4.7 OF THE AQMP			
7. BUSINESS NAME: _____			
8. ADDRESS OF SITE: _____			
CITY: _____		STATE: AZ	ZIP CODE: _____
9. CONTACT PERSON AT SITE: _____		a. TELEPHONE: _____	
		b. EMAIL: _____	
10. NAME AND ADDRESS OF OWNERSHIP OR LEGAL ENTITY: _____			
11. OWNERSHIP CONTACT: _____		a. TELEPHONE: _____	
		b. FAX: _____	
12. SEND ALL CORRESPONDENCE INCLUDING INVOICE AND PERMIT TO: _____			
COMPANY NAME: _____		ADDRESS: _____	
CITY: _____		STATE: _____	ZIP CODE: _____
ATTN: _____			

13. THE AUTHORIZED CONTACT PERSON REGARDING THIS APPLICATION IS:

NAME: _____ TELEPHONE: _____

TITLE: _____ FAX: _____

COMPANY: _____ E-MAIL: _____

14. I CERTIFY THAT I AM FAMILIAR WITH THE OPERATIONS REPRESENTED ON THIS APPLICATION AND THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS: _____ DATE: _____

TYPE OR PRINT NAME AND TITLE: _____