

AIR POLLUTION CONTROL  
PERMIT RENEWAL APPLICATION

Permit No. \_\_\_\_\_

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

As an authorized company representative, I certify that, to the best of my knowledge, the information contained on the attached renewal forms (Permit to Operate) and additional sheets is both complete and accurate. Changes in the process and any additions or deletions of source units and equipment have been annotated.

Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(Typed or Printed)

Title \_\_\_\_\_

Send Renewal Application To:  
North Dakota Department of Health  
Division of Air Quality  
918 E. Divide Avenue  
Bismarck, ND 58501-1947