



**AIR POLLUTION CONTROL
PERMIT RENEWAL/REGISTRATION APPLICATION**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 60242 (09-12)

Permit No. _____

Name of Company _____

Mailing Address _____

City/State/ZIP Code _____

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 _____
(Typed or Printed)

Title _____

Telephone Number _____ E-mail Address _____

SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide Ave., 2nd Floor
Bismarck, ND 58501-1947
(701) 328-5188