



1600 South Second Street
 Mount Vernon, WA 98273-5202
 ph 360-428-1617
 fax 360-428-1620
 info@nwcleanairwa.gov
 www.nwcleanairwa.gov

Registration Form

Enter information from your previous calendar years activities

Failure to register may result in enforcement action, including civil penalties under NWCAA Regulation 133.

SECTION A:

1. Facility information:

Year established: _____ [Facility NAICS code:](#) _____

Facility name: _____ Facility phone: _____

Facility address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing address (if different): _____

City: _____ State: _____ ZIP: _____

Facility owner: _____ Owner address: _____

City: _____ State: _____ ZIP: _____

Contact name	Title	Phone 1	Cell	Email

Workshift Days:

M T W TH F SA SU Workshift Hours: _____

SECTION B: Equipment and control devices

1. Describe your process. What do you make or do? (If you need more space, submit attachments.):

2. What is your annual throughput for the previous calendar year?



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3. Include a list of process and control equipment with the capacity rating for each piece of equipment.

Type of equipment: (describe)	Equipment max production capacity	Discription of air pollution control device (if applicable)	Does it have an exhaust? (Y/N)	Year equipment & control installed

4. Attach a plot plan that shows the locations of each emission point, buildings and the property boundary.

SECTION C: Signature

I do hereby certify that the information contained in this registration form and supplemental data described herein is to the best of my knowledge, accurate and complete

 Applicant name or authorized representative

 Title

 Email

 Date

If you have any questions or need assistance please do not hesitate to call us at 360-428-1617.

NWCAA Office Use Only

Database ID#: _____ Registered source type: _____ County/Portable/Temp: _____

ROUTING

1. Admin intake - Stratus database: Contact info added Created digital folder Equipment added

2. Supervisor for review and inspector assignment: Inspector: _____ Supervisor initials: _____ Date: _____

3. Inspector perform initial inspection and send form to finance for billing.

Notes: