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Request for Air Emissions Information

Section 1: Facility Information

Is the following complete and accurate?
 If not, correct any errors and provide any missing information.

Registration No.: _____ Facility name: _____

FACILITY CATEGORY and OPERATING STATUS

Facility category: _____

Operating Status: Operating Temporarily Shutdown Permanently Shutdown

ADDRESS, PHYSICAL and MAILING

Facility site address: _____

City: _____ State: _____ zip: _____

Mailing/Billing address (if different): _____

City: _____ State: _____ zip: _____

TECHNICAL CONTACT

Contact person: _____ Contact fax: _____

Contact phone: _____ Contact email: _____

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE (one only)

NAICS	Industry type

GEOGRAPHIC COORDINATES in decimal LAT/LON (Facility front door)

Latitude: N	Longitude: W

CERTIFICATION OF DATA ACCURACY

Consistent with state law, the data presented here is accurate to the best of my knowledge. (Please submit this signed page with any electronic submissions).

 Applicant name or authorized representative

 Title

 Signature

 Date

Tables for many of the codes used in this form may be found at <http://www.ecy.wa.gov/programs/air/EmissionInventory/emisinv.htm>