



MCAQD USE ONLY	
Tracking #:	_____
Fee Paid:	_____
Reviewer:	_____

**SUBCONTRACTOR REGISTRATION RENEWAL APPLICATION**

Arizona Revised Statutes (A.R.S.) 49-474.06 and Maricopa County Rule 200 (Permit Requirements) require subcontractors engaged in dust-generating operations at a site that is subject to a Maricopa County dust control permit to register with MCAQD and pay an annual fee of \$50.00.

If there has been a change in ownership, a new registration number is **REQUIRED**. Do not submit this application. Please complete an "Application for Subcontractor Registration" and submit with applicable fee. For more information visit our website at <http://www.maricopa.gov/aaq> or call (602) 506-6010.

Registration Number: SC \_\_\_\_\_

Legal Name as Registered: \_\_\_\_\_

Renew

Update (Check if contact information has changed)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Cancel** (If checked, registration will not be renewed and SC number will no longer be valid)

Reason for Cancellation: \_\_\_\_\_

**CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS**

Arizona Revised Statute §13-2704 makes it a criminal offense to knowingly make a false material statement to a public servant in connection with an application for any benefit, privilege, or license.

I hereby certify that, based on information and belief formed after reasonable inquiry, the statements and information in the Application for Subcontractor Registration are true, accurate, and complete.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Return all applications with check payable to "MCAQD" to:  
501 N 44<sup>th</sup> St. Ste 200 Phoenix, AZ 85008  
Phone (602) 372-1071**



# Maricopa County

Air Quality Department

Typed or Printed Name of Signer: \_\_\_\_\_

Date: \_\_\_\_\_