



## NOTIFICATION OF PORTABLE SOURCE RELOCATION

**INSTRUCTIONS**

Use this form to notify relocation of a current portable source. Submit the completed notification to Maricopa County Air Quality Department at least 10 days prior to the relocation. Complete this notification by typing or printing legibly. For assistance in completing this form, call (602) 506-6735.

Respond to each of the following items. Attach additional documents where required.

1. PERMIT:	<input type="checkbox"/> MARICOPA COUNTY PERMIT <input type="checkbox"/> STATE OF ARIZONA PERMIT		PERMIT NUMBER:		
2. BUSINESS NAME AND OWNERSHIP INFORMATION:	BUSINESS NAME:				
	OWNING ENTITY:				
	ADDRESS:				
	CITY:		STATE:		ZIP CODE:
3. AUTHORIZED PERMIT CONTACT:	NAME:				
	ADDRESS:				
	CITY:		STATE:		ZIP CODE:
	TELEPHONE:			EMAIL:	
4. DESCRIPTION OF BUSINESS/PROCESS:					
5. PRESENT SITE LOCATION:	ADDRESS:				
	CITY:		AZ	ZIP CODE:	
DESCRIPTION OF PRESENT LOCATION:					
6. FUTURE SITE LOCATION:	ADDRESS:				
	CITY:		AZ	ZIP CODE:	
DESCRIPTION OF FUTURE LOCATION:					
Describe availability of all utilities such as water, electricity, necessary for the proper operation of control equipment:					
7. DATE OF RELOCATION		8. START UP DATE AT NEW LOCATION:		9. DURATION OF OPERATION AT NEW LOCATION:	
10. STATE OF ARIZONA PERMIT HOLDER: Submit this notification with a copy of the State of Arizona permit and a copy of any conditions imposed by the State of Arizona permit.					

**CERTIFICATION BY THE PERMIT HOLDER:**

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND ACCOMPANYING DOCUMENTS IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OR PRINT NAME AND TITLE: \_\_\_\_\_