



Maricopa County

Air Quality Department

Maricopa County Air Quality Department
301 W. Jefferson St., Suite 410, Phoenix, AZ 85003
602-506-6010
AQPermits@maricopa.gov

PORTABLE SOURCE RELOCATION FORM

Form must be submitted into the AQD Online Portal as a Compliance Report. Instructions for creating your Shared CROMERR Services Electronic Signature account to access the portal and steps for uploading this form can be found on Maricopa.gov/1820.

Instructions

Use this form to notify the Maricopa County Air Quality Department (MCAQD) of a current portable source relocation. Submit the completed notification to MCAQD at least 10 days prior to the relocation.

State of Arizona Permit Holders: 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.

Important: Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

Facility ID/Permit # _____ State of Arizona Permit Maricopa County Permit

Business Name and Ownership Information

Business Name: _____

Owner Name: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Description of Business/Process: _____

Authorized Permit Contact

Contact Name: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Contact email _____ Contact Phone: _____

Present Site Location

Address: _____ City: _____ State: _____ Zip: _____

Description of Present Location: _____

Future Site Location

Address _____ City: _____ State: _____ Zip: _____

Description of Future Location: _____

Describe availability of all utilities such as water, electricity, necessary for the proper operation of control equipment:

Date of Relocation: _____ Start up date at new location: _____ Duration of operation at new location: _____

Certification by the permit holder

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 certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Title: _____