

New York State Department of Environmental Conservation Air Facility Registration

DEC ID									
-									

Owner/Firm							Taxpayer ID			
Name										
Street Address										
City / Town / Village				State or Province			Country		Zip	

Owner/Firm Contact										
Name								Phone No. ()		

Facility										
Name										
Location Address										
<input type="checkbox"/> City / <input type="checkbox"/> Town / <input type="checkbox"/> Village									Zip	

Facility Information										
Total Number of Emission Points: _____							<input type="checkbox"/> Cap by Rule			
Description										

Standard Industrial Classification Codes										

HAP CAS Numbers										
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-

Applicable Federal and New York State Requirements (Part Nos.)										

Certification										
I certify that this facility will be operated in conformance with all provisions of existing regulations.										
Responsible Official							Title			
Signature							Date ____ / ____ / ____			