

New York State Department of Environmental Conservation

Air Facility Registration Application Instructions



Stationary sources meeting the applicability requirements of 6 NYCRR Subpart 201-4 are required to register with the Department. Please contact the appropriate DEC regional office if you are unsure how to complete any portion of the attached application. A list of DEC regional offices and their contact information is available on the Department's website:

<http://www.dec.ny.gov/about/76070.html>

DEC ID: Enter the 10 digit DEC ID of the facility. **If this application is for a new facility, leave this box blank.**

Application Type: Check the box that corresponds to the type of registration being applied for. If the facility has not been previously issued an air facility registration or other air pollution control permit, check new facility. If the application is for a modification or any other change to an existing registered facility, check notification of changes. If the application is for the renewal of an existing registration that is nearing its expiration date, check renewal. **Renewal applications for air facility registrations must be submitted to the department no later than 60 days prior to the date of registration expiration.**

Facility Information:

Name: Enter the name of the facility (e.g. XYZ Manufacturing, Inc.).

Location Address: Enter the address (physical location) of the facility (e.g. Acme Rd. or Building 3, XYZ Industrial Park). Also list the city, county and township in which the facility is located. For instances where a facility is located in multiple jurisdictions (i.e. across town or county lines) list all jurisdictions. **If the application is for a new facility, provide a map with the physical location clearly marked.**

Facility Owner:

Taxpayer ID: Enter the business taxpayer ID number. **Do not enter personal social security numbers.**

Name: Enter the full name of the individual or firm that owns or operates the facility for which this application is being prepared. For individuals, list the owner's full name (last, first, middle initial). For facilities with multiple owners, where no legal business partnership exists, provide the name of each individual owner. For corporations, include the full name of the corporation and the division or subdivision name (if applicable).

Street Address: Enter the mailing address of the owner. For facilities with multiple owners, enter the mailing address of each individual owner, if different. Include the country if foreign owned and the appropriate ZIP/mail code.

Facility Contact: List the full name (last, first, middle initial), street address, e-mail address, telephone number, and fax number of the facility owner's representative. **Note:** The facility contact is responsible for answering any air permit inquiries regarding this facility, and will serve as the point of contact between the Department and the facility.

Facility Description:

Number of Emission Points: Enter the number of emission points located at this facility. An emission point is defined in Subpart 200.1 as any conduit, chimney, duct, vent, flue, stack, or opening of any kind through which air contaminants are emitted to the outdoor atmosphere. Do not include any emission points which vent emissions exclusively from exempt and trivial activities as defined in Subpart 201-3.

Standard Industrial Classification (SIC) Code(s): Enter the primary SIC code(s) that apply to the facility with the principal SIC code listed first. SIC codes may be obtained from the United States Department of Labor.

North American Industry Classification System (NAICS) Code(s): Enter the primary NAICS code(s) that apply to the facility with the principal NAICS code listed first. NAICS codes may be obtained from the United States Census Bureau.

Description: Provide a detailed description of the facility in terms of its primary function and/or business activity. Include a detailed description and listing of all emission sources and their associated emission points at the facility that are not exempt or trivial. The facility description should include the principal industrial or manufacturing processes including the

item(s) being manufactured (if applicable), process equipment details (e.g. type, size, fuel used), and any other information supporting the SIC and NAICS code(s) listed above. Continuation sheets may be used if necessary.

Applicable Federal and New York State Regulations: List the rule citations of all applicable federal and New York State regulations as they pertain to this facility. The rule citation should be listed at the Subpart level (i.e. 201-4, 40 CFR 60 Subpart Dc).

Auto Body Shops: Provide the total quantity of coatings (e.g. paint, primer etc.) and solvents used on a gallons per month basis.

Facility Emissions Summary: For all facilities other than auto body shops, provide emissions estimates for criteria pollutants (*CO*, *PM_{10/2.5}*, *SO₂*, *NO_x*, *VOC*, *lead*, *Total HAP*, and *CO₂ equivalents*), individual hazardous air pollutants (HAPS, See 6 NYCRR Part 200.1) and Persistent, Bioaccumulative or Toxic Compounds (PBTs, see 6 NYCRR 201-9). Do not include emissions of PBT compounds from combustion installations or emission sources that are listed as exempt or trivial in Subpart 201-3. **Attach all calculations used to determine the actual and potential emissions reported in this section.**

Cap by Rule: Check this box if the potential to emit for the facility is to be capped by rule pursuant to 6 NYCRR Subpart 201-4.5. Capping by rule is a regulatory provision that allows a facility to limit their actual emissions (as described in 6 NYCRR Subpart 201-4.5) in order to avoid applicability to certain regulations. A facility owner or operator choosing to cap-by-rule is agreeing to comply with the requirements of Subpart 201-4.5 with respect to the processes or emission sources being operated at the facility. If the cap by rule box is checked, indicate which regulations are to be avoided by the cap in the facility description box above.

Actual: For each listed compound that is to be capped by rule as described above, calculate the facility's Actual Emissions in pounds per year. Actual Emissions are defined in Subpart 201-2 as the emissions resulting from normal daily operations, verifiable by operating records or other compliance monitoring activities, averaged over the past two years or some other more representative time interval. Enter the total actual emissions from all non-exempt, exempt, and trivial emission sources located at the facility for each contaminant listed in the appropriate box.

PTE: For each listed compound that is **not** capped by rule as described above, calculate the facility's potential to emit (PTE) in pounds per year. Potential to Emit is defined in Subpart 200.1 as the maximum capacity of an air contamination source to emit any regulated air pollutant under its physical and operational design. Accordingly, the PTE of the facility should be calculated assuming each emission source operates for a total of 8760 hours per year. Enter the total PTE of each contaminant from all non-exempt, exempt, and trivial emission sources located at the facility in the appropriate box. If the calculated PTE for any listed contaminant exceeds the major facility thresholds described in 6 NYCRR Part 201-2.1(b)(21) the facility must cap by rule (as described above) for that contaminant in order to remain eligible for registration.

Note: The USEPA has developed the *Compilation of Air Pollutant Emission Factors* (AP-42). This document is useful for calculating the actual and potential emissions required by this section using emission factors. A link to the online version is provided on the Department's website: <http://www.dec.ny.gov/chemical/4754.html>

Certification: Enter the name, official title, signature, and date of signature of the responsible official accountable for the compliance of this facility with all applicable regulations. The responsible official is defined as a president, vice president, secretary, treasurer, general partner, proprietor, principle executive officer, ranking elected official, or any other person who performs policy or decision making functions and is authorized to legally bind the corporation, partnership, sole proprietorship, or government entity which operates the facility. Certification is required by a representative of the firm or applicant demonstrating the truth, accuracy, and completeness of the information contained in this application. **The responsible official should be aware that significant penalties could result from submitting false information, including the possibility of fines and imprisonment.**

Completed registration applications should be sent to the appropriate DEC Regional Office to the attention of the Regional Air Pollution Control Engineer. A list of DEC regional offices and their contact information is available on the Department's website at: <http://www.dec.ny.gov/about/76070.html>

New York State Department of Environmental Conservation
 Air Facility Registration Application



DEC ID									
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Sheet ____ of ____

Auto Body Shops	
gallons of coatings/month:	gallons of solvents/month:

Facility Emissions Summary				
Criteria Pollutants				
CAS No.	Contaminant Name	Cap by Rule	Actual (lbs/yr)	PTE (lbs/yr)
000630-08-0	Carbon Monoxide	<input type="checkbox"/>		
0NY998-00-0	Total Volatile Organic Compounds (VOC)	<input type="checkbox"/>		
0NY210-00-0	Oxides of Nitrogen	<input type="checkbox"/>		
0NY075-00-0	Total Particulate Matter (PM-10 and PM-2.5)	<input type="checkbox"/>		
007446-09-5	Sulfur Dioxide	<input type="checkbox"/>		
0NY100-00-0	Total Hazardous Air Pollutants (HAP)	<input type="checkbox"/>		
007439-92-1	Lead	<input type="checkbox"/>		
0NY750-00-0	Carbon Dioxide Equivalents	<input type="checkbox"/>		

Individual Hazardous Air Pollutants				
				<input type="checkbox"/> Continuation Sheet(s)
CAS No.	Contaminant Name	Cap by Rule	Actual (lbs/yr)	PTE (lbs/yr)
		<input type="checkbox"/>		

Persistent, Bioaccumulative or Toxic Compounds				
				<input type="checkbox"/> Continuation Sheet(s)
CAS No.	Contaminant Name		Actual (lbs/yr)	

Certification	
I certify the truth, accuracy, and completeness of the information contained in this application.	
Responsible Official	Title
Signature	Date / /