**Permit-Exempt Equipment Registration (PEER) General Application**

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|  | Existing Emissions Unit (A unit that has been operated prior the PEER application date) |
|  | Modification to a Valid PEER |
|  | New Emissions Unit (A unit that is first operated on or after the PEER application date) |

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| 1. PEER(s) TO BE ISSUED TO (FACILITY NAME): | | | | | |
| 1. MAILING ADDRESS (STREET / PO BOX): | | | | | |
| CITY: | | STATE: | | | ZIP CODE (9-digit): |
| 1. CURRENT LOCATION WHERE THE EQUIPMENT IS OPERATED (STREET / SEC-T-R/LAT-LONG/UTM COORD): | | | | | |
| CITY: | | | | | |
| 1. GENERAL NATURE OF BUSINESS: | | | | | |
| 1. DESCRIPTION OF EQUIPMENT OR MODIFICATION FOR WHICH APPLICATION IS MADE (Include PEER #'s if known, use additional sheets if necessary, and attach a Supplemental PEER Application for each unit.) | | | | | |
| PEER NUMBER(S) | DESCRIPTION | | | | |
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| 1. CHECK WHETHER YOU ARE A PARTICIPANT IN EITHER OF THESE VOLUNTARY PROGRAMS:   **HEALTHY AIR LIVING (HAL)** **INSPECT**  Yes  No  Send Info  Yes  No  Send Info | | | | | |
| 1. NAME OF APPLICANT: | | | TITLE OF APPLICANT: | | |
| 1. SIGNATURE OF APPLICANT | | | DATE: | PHONE No.:  FAX No.:  E-MAIL: | |

**----- FOR APCD USE ONLY -----**

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| DATE STAMP | FILING FEE RECEIVED: | $ | CHECK NUMBER: |  |
| DATE PAID: |  |  |  |
| PROJECT NO.: |  |  |  |
| FACILITY ID.: |  |  |  |
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