**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 |
|       |       |
|       |       |
|       |       |
|       |       |
| 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 -----**

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