

AIMS-099 – Part A

FACILITY ID ASSIGNMENT FOR RADIUS SUBMITTAL (Please Print)

Please answer questions, before completing this application.

1. The requested ID is for a: Retail Gas Dispensing Non-retail Gas Dispensing
 Auto body Repair with Spray booth(s) Dry Cleaners Other

2. Was this facility transferred from a previous owner that had air quality permits associated. If yes, please answer the following:

Previous Owner Name _____ Old Facility Id# (if known) _____ Date of Transfer _____ (mm/dd/yy)

FACILITY INFORMATION:

Facility Name: _____

Street Address: _____

Apt., Suite, Floor, Etc.: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____ Municipality: _____

MAILING ADDRESS:

Check if same as street address above

Attention: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Primary SIC code: _____ Secondary code: _____

Primary NAICS code: _____ Secondary code: _____

Type of Business _____

Person completing this form:

Name: _____

Email: _____

Phone: _____

Date : _____

FOR DEP USE ONLY

Facility ID Assigned: _____

Date/ Assigned by: _____

FACILITY CONTACT:

Facility Contact Type:* _____

Name: _____

Organization: _____

Phone: _____ FAX: _____

Alternate Phone: _____ Mobile Pager Fax

E-mail: ** _____

*Select the appropriate contact types: Consultant, General Contact, Owner, Etc.

**This email address will be utilized for informational correspondence such as Air Quality Permitting rule & regulation updates.

RESPONSIBLE ENTITY INFORMATION:

Company Name: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

NJ EIN or Federal Tax ID: _____

Responsible Official's Name: _____

Title/Email: _____

Phone: _____ FAX: _____

For expedited response, email this form to: AIRDMG@dep.state.nj.us

You may also Fax this form to: (609) 633-8236

Or mail to: **NJDEP – Division of Air Quality
Data Management Group
PO Box 027, Trenton, NJ 08625**