

Air Quality Facility ID Request Form

FOR DEP USE ONLY

Facility ID (PI) Assigned: _____

Date/ Assigned by: _____

Please answer questions, before completing this application.

1. This Facility ID request is for: 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)

Check if the facility is a major facility as defined in N.J.A.C. 7:27-22

FACILITY INFORMATION:

Facility Name: _____

Street Address: _____

Apt., Suite, Floor, Etc.: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____ Municipality: _____

Type of Business _____

Primary NAICS Code _____ Secondary Code _____

FACILITY CONTACT:

Facility Contact Type:* _____

Name: _____

Organization: _____

Phone: _____ Fax: _____

Alternate Phone: _____ Mobile Fax

Email: _____

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

Person completing this form:

Name: _____

Email: _____

Phone: _____

Date: _____

RESPONSIBLE ENTITY INFORMATION (RE):

Company Name: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

NJ EIN or Federal Tax ID: _____

Responsible Official's Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Check if the Fee/Billing is the same as RE information

FEE/BILLING INFORMATION:

Company Name: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Fee/Billing Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Email this form to: AIRDMG@dep.nj.gov