



State of New Jersey

Department of Environmental Protection

Air, Energy and Materials Sustainability

Division of Air Quality & Radiation Protection

Bureau of Stationary Sources

401 E. State Street, 2nd Floor, P.O. Box 420, Mail Code 401-02

Trenton, NJ 08625-0420

PHILIP D. MURPHY

Governor

TAHESHA L. WAY

Lt. Governor

SHAWN M. LATOURETTE

Commissioner

COMMON CONTROL QUESTIONNAIRE

For assistance call (609) 633-8248

FACILITY NAME: _____ PROGRAM INTEREST (PI): _____

Is this facility co-located with another facility on a single site or on contiguous or adjacent sites?

☐ **No:** Skip Questions 1 through 2 and complete the Certification.

☐ **Yes:** Provide the name of the other facility below, answer Questions 1 through 2, and complete the Certification.

OTHER FACILITY NAME: _____ PROGRAM INTEREST (PI): _____

Answer all questions.		Yes	No
1	Does this facility share common workforces, plant managers, any corporate executive officers <u>OR</u> any board members with the other facility?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does this facility share equipment, pollution control device or emission point with the other facility? If "Yes", then please list the shared item(s):	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to one or more questions in the above table, the Department will require the two facilities to address common control in their permit(s), unless your facility can demonstrate to the Department's satisfaction that common control is not applicable. In matters concerning common control, the Department may conduct a site visit of the facilities in question.

CERTIFICATION

"I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this declaration and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

FACILITY RESPONSIBLE OFFICIAL

RESPONSIBLE OFFICIAL'S SIGNATURE (N.J.A.C.7:27-1.4)		RESPONSIBLE OFFICIAL'S NAME (PRINT)	RESPONSIBLE OFFICIAL'S TITLE	DATE
TELEPHONE		EMAIL (OPTIONAL)	COMPANY NAME	PI