

## Air Quality Facility ID Request Form – Instructions

*Please carefully read the following to ensure timely processing of your ID Request Form.*

1. Obtaining a Facility ID number (also known as a Program Interest or PI number) is the first step in applying for an air quality permit. Once an ID number is assigned, the applicant must apply for any necessary air quality permits via the [NJDEPOnline.com](https://www.nj.gov/dep/online) Business Portal.
2. “Facility” is defined in [N.J.A.C. 7:27-8.1](#) (Minor Facilities) and [N.J.A.C. 7:27-22.1](#) (Major Facilities). If the requested facility is located adjacent to an existing registered facility, a Common Control Questionnaire may be requested to determine if a separate ID number is appropriate.
3. Question 1 (ID type) is a required field. The options are as follows:
  - Gas Dispensing – Retail: A retail gas station with underground gasoline storage tanks. If the storage tanks are above ground, please check “Other.”
  - Gas Dispensing – Non-Retail: A facility that dispenses gasoline from underground tanks in a non-retail capacity. If the gasoline storage tanks are above ground, please check “Other.”
  - Auto Body Repair with Spray Booth(s)
  - Dry Cleaners
  - Other: For all other facility types, please check “Other.”
4. Primary NAICS Code and Facility Coordinates are required fields. NAICS Codes are industry specific and can be found using <https://www.census.gov/naics/>. Facility coordinates should point to the requested facility location and can be found using [NJ-GeoWeb](#) or any mapping application of your choice. Either latitude/longitude (WGS84 – Decimal Degrees) or NJ State Plane coordinates (NAD83 - US Feet) are acceptable.
5. Contact information, including name, phone number, and email address is required for all three contact types on the form. Responsible Official is defined in [N.J.A.C. 7:27-1.4](#).
6. The address listed under the Responsible Entity section will go on file as the official facility mailing address. Invoices will be sent to the Fee/Billing address.
7. Please ensure that the information entered on this form is accurate, as future changes may require a Non-Technical Amendment application and associated fee.
8. Email completed forms to: [AIRDMG@dep.nj.gov](mailto:AIRDMG@dep.nj.gov).

# 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: ☐ Gas Dispensing - Retail ☐ Gas Dispensing - Non-Retail  
☐ 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:<sup>1</sup> \_\_\_\_\_ Secondary Code: \_\_\_\_\_

Facility Coordinates:<sup>1</sup> X/Long: \_\_\_\_\_ Y/Lat: \_\_\_\_\_

### 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: \_\_\_\_\_

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### RESPONSIBLE ENTITY INFORMATION (RE):

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NJ EIN or Federal Tax ID: \_\_\_\_\_

Responsible Official's Name:<sup>2</sup> \_\_\_\_\_

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**

<sup>1</sup> Primary NAICS Code and Facility Coordinates are required fields.

Omitting this information will result in your form not being processed.

<sup>2</sup> The term Responsible Official is defined in N.J.A.C. 7:27-1.4.