

Non-Technical Amendment Application - Instructions

Please carefully read the following to ensure timely processing of your Non-Technical Amendment.

1. The purpose of a Non-Technical Amendment is to make changes to facility information required for air quality permits including facility name and contact information. To check the information currently on file for your facility, you may visit <https://dep.nj.gov/boss/>. Under the Reports tab, choose the report labeled Facility Reconciliation.
2. This form is to be used only for N.J.A.C. 7:27-8.21 amendments. Do not use for major facilities subject to N.J.A.C. 7:27-22.
3. Do not use this form if your facility has physically changed locations. You will need to apply for a new Facility ID Number at the new location and obtain new air quality permits.
4. The fee for Non-Technical Amendments is currently \$235 per application. **Do not submit a check with this application.** After a Permittee submits a completed Non-Technical Amendment, the Department will assess and invoice the Permittee for the base fee due to the Department. Invoices will be sent to the Fee/Billing Contact listed on Page 3. The Permittee should return the invoice along with the base fee to the address on the invoice or use the invoice number to pay online at www.njdeponline.com.
5. All fields with a red asterisk (*) are required. All three contact types must be completed for your form to be processed. Please ensure that all information is correct before submittal as later revisions may be subject to fees.
6. For transfers of ownership or operational control of the facility, the previous business name and date of transfer are required information.
7. Responsible Official is defined in [N.J.A.C. 7:27-1](#). Please ensure the person listed as Responsible Official meets this definition.
8. The address listed for the Responsible Official will go on file as the official facility mailing address. Invoices will be sent to the Fee/Billing Contact address. Please include all relevant address information (suite number, floor number, etc.) on one line.
9. Certification: This form must be certified by the Responsible Official whose information is listed on page 4. Applications that do not satisfy the Responsible Official certification requirements will be rejected.
10. Submit completed applications to NONTECH@dep.nj.gov.

Non-Technical Amendment Application Form for Non-Major Facilities

This form is to be used only for N.J.A.C. 7:27-8.21 amendments. Do not use for major facilities subject to N.J.A.C. 7:27-22.
Fee: \$235.00 per application

***Amendment Types: Check all that apply.**

☐ Change in Facility Name

☐ Change in Facility Contact Information

☐ Change in Facility Mailing Address

☐ Transfer of Ownership or Operational
Control of the Facility

☐ Correction to Physical Plant Address

*Facility Information

*Facility ID Number:

New Facility Name:

*Physical Plant Location Address:

*City:

*State:

*Zip:

*County:

Required for Transfers of Ownership or Operational Control Only:

Previous Business Name:

Date Transfer of Ownership or Operational Control Occurred:

FACILITY CONTACT AND COMPANY INFORMATION

Required Contact Types:

- **Air Permit Information Contact:** Individual with direct knowledge regarding the facility's air permits.
- **Fee/Billing Contact:** Individual responsible for receiving invoices. All invoices will be mailed to the address for the Fee/Billing Contact.
- **Responsible Official:** Defined in [N.J.A.C. 7:27-1](#). This official is responsible for certifying air permit applications. All permit correspondence will go to the address given for the Responsible Official.

AIR PERMIT INFORMATION CONTACT

| Contact Information | Contact's Company Information |
|-----------------------|-------------------------------|
| *Name: | NJ Tax ID (EIN): |
| *Title: | *Company Name: |
| *Primary Phone: | *Organization Type: |
| Fax: | *Email: |
| Secondary Phone: | *Mailing Address: |
| Secondary Phone Type: | *City: |
| | *State: *Zip: |

FEE/BILLING CONTACT

| Contact Information | Contact's Company Information |
|-----------------------|-------------------------------|
| *Name: | NJ Tax ID (EIN): |
| *Title: | *Company Name: |
| *Primary Phone: | *Organization Type: |
| Fax: | *Email: |
| Secondary Phone: | *Mailing Address: |
| Secondary Phone Type: | *City: |
| | *State: *Zip: |

RESPONSIBLE OFFICIAL

| Contact Information | Contact's Company Information |
|-----------------------|-------------------------------|
| *Name: | NJ Tax ID (EIN): |
| *Title: | *Company Name: |
| *Primary Phone: | *Organization Type: |
| Fax: | *Email: |
| Secondary Phone: | *Mailing Address: |
| Secondary Phone Type: | *City: |
| | *State: *Zip: |

RESPONSIBLE OFFICIAL CERTIFICATION

This form must be certified by the facility Responsible Official listed above. If using an electronic signature, the form must be submitted directly from the Responsible Official's email address to: NONTECH@dep.nj.gov. If using a hand-written signature, another party may submit the form via email.

___ "I certify that I am the Responsible Official as defined in [N.J.A.C. 7:27-1](#) for this facility requesting the above-mentioned changes. I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there may be significant civil penalties imposed, including the possibility of fine, imprisonment or both, for submitting false, inaccurate or incomplete information. An email submission of this form by a company responsible official denotes certification."

Sign Here: _____ Date: _____

Print or Type Name: _____