

Air Permit Termination Form for Non-Title V Permits

Email completed form with appropriate signature as an attachment to Airdmg@dep.nj.gov. Use additional sheets if necessary.

FROM:

Air PI#

(5 digit number)

RE: AIR PERMIT TERMINATION REQUEST - PLEASE TERMINATE THE FOLLOWING PERMITS AT MY REQUEST:

<u>Permit Number</u> include PCP or GEN followed by 6-digit number	<u>Equipment Description</u>

BRIEF DESCRIPTION OF WHY YOU WANT THE PERMITS TERMINATED... (Equipment removed? Equipment still onsite but decommissioned? Equipment re-permitted? Equipment replaced or relocated? Business closed? Etc.)

If equipment was removed, decommissioned or replaced, please provide corresponding date(s).

Certification:

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

___ I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document 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.

Responsible Official (RO) Signature: _____

Print Name of Responsible Official: _____

Phone #: _____ RO email: _____ Today's Date: _____