



2011 Request for Air Emissions Information, Section 1

Facility Number:

Facility Name:

Section 1: Facility Information

(Is the following complete and accurate? If not, correct any errors and provide any missing information.)

FACILITY CATEGORY and OPERATING STATUS			
Facility Category: (check one)	<input type="checkbox"/> CAP & HAP Major	<input type="checkbox"/> CAP Major	<input type="checkbox"/> HAP Major
	<input type="checkbox"/> Synthetic Minor	<input type="checkbox"/> Natural Minor	
Operating Status:	<input type="checkbox"/> Operating	<input type="checkbox"/> Temporarily Shutdown	<input type="checkbox"/> Permanently Shutdown

ADDRESS, PHYSICAL AND MAILING	
Physical Address: (no PO Box)	Mailing Address:

TECHNICAL CONTACT	
Name:	Fax:
Phone Number:	e-mail:

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE (one only)	
NAICS	Industry Type

GEOGRAPHIC COORDINATES in Decimal Lat/Lon (Facility Front Door)	
Latitude: N _____	Longitude: W _____

CERTIFICATION OF DATA ACCURACY			
Consistent with state law, the data presented here is accurate to the best of my knowledge. (Please submit this signed page with any electronic submissions.)			
Print Name	Title	Signature	Date

Tables for many of the codes used in this form may be found at <http://www.ecy.wa.gov/programs/air/EmissionInventory/emisinv.htm>

ECY 070-449A

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.