



Environmental Protection Department
Air Quality Division

Mailing Address: 115 South Andrews Avenue, Room A-240 • Fort Lauderdale, Florida 33301 • 954-519-1220 • FAX 954-519-1495

APPLICATION TO RENEW LICENSE TO OPERATE AIR POLLUTION SOURCE

COMPANY NAME: _____

MAILING ADDRESS: _____

SOURCE LOCATION: _____

PLEASE CHECK THE APPROPRIATE ANSWER: RENEWAL OF AIR LICENSE: AO _____

- 1. Have there been any alterations to the source since the license was issued? YES _____ NO _____
If minor alterations have occurred, describe on a separate sheet and attach.
- 2. Have previous license conditions been adhered to? YES _____ NO _____. If NO, explain on a separate sheet and attach.
- 3. Has there been any malfunction of the pollution control equipment? YES _____ NO _____. If YES, and not previously reported, explain on a separate sheet and attach.

4. Type of activity conducted at the facility or type of product produced: _____

5. Process/utilization rate:

<u>Input materials (coating or other, as applicable)</u>	<u>gals/day or lbs/day</u>
_____	_____
_____	_____
_____	_____

6. Equipment operating time : _____ hrs/day ; _____ days/week; _____ weeks/year

The undersigned owner authorized representative of _____ is fully aware that the statements made herein for a license renewal are true, correct and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the air pollution source and air pollution control facilities in such a manner as to comply with the provision of Broward County Code, Chapter 27, and all the rules and regulations or revisions thereof. The undersigned also understands that the license is transferable only in accordance with the provision of Chapter 27, Section 27.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE _____

NAME AND TITLE _____

DATE _____ TELEPHONE _____

Updated 1/2007