DEEP USE ONLY					
TOWN:	PREM:				
CLIENT:					
SIMS ID:					
CADIS #:					



## Connecticut Department of Energy & Environmental Protection Bureau of Air Management Engineering & Enforcement Division

RCSA §22a-17<del>4-33</del>a Below 50% of Title V s

Complete this form to notify the Department of Energy & Environmental Protection that you elect to operate under RCSA §22a-174-33a Limit on Premises-Wide Actual Emissions Below 50% of Title V Source Thresholds.

## Part I: Owner/Operator Information

If the owner or operator is an entity transacting business in Connecticut and is required to register with the Connecticut Secretary of the State, provide the **exact** name as registered with the Connecticut Secretary of the State.

1.	Owner/Operator Name:			
	Mailing Address:			
	City/Town:		State:	Zip Code:
	Business Phone:		ext.:	Fax:
	Contact Person:		Title:	
	*E-mail:			
	Notification submitted by $\square$ Owner $\square$ Operator (check all that apply) of this subject premises.			
2.	Legal Name of the Agent for Service of Process for Owner, if applicable:			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
3.	Individual With Primary Managerial Responsibility of the Subject Premises:			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:		
	*E-mail:			
	*Please notify DEEP if your e-mail address changes.			

## Part II: Site Information

1.	Site or Facility Name:					
2.	Location of Site or Facility:					
	Street Address:					
	City/Town: State: Zip Code:					
3.	Was this facility previously registered under the General Perm	it to Limit Pote	ntial to Emit issued on			
	November 9, 2015? ☐ Yes ☐ No					
	If yes, please provide the GPLPE Registration number:GPLPE					
4.	Date upon which the premises will commence operation in accordance with					
	RCSA §22a-174-33a**: / / (This date shall be no earlier than November 9, 2020)					
(b)( suc	**The owner or operator of any premises who satisfies the applicability criteria of subsection (b)(1) of this section shall comply with all conditions and applicable requirements of this section until such time the owner or operator submits a notification to the commissioner, in accordance with subsection (g)(2) of this section, of cessation to operate a premises pursuant to this section					
<b>5</b> .	Individual designated by owner/operator to answer questi	ons pertainin	g to this notification:			
	Name:					
	Business Phone: ext.:					
	*E-mail:					
Part III: Consultant or Engineer Information***						
***This section should be completed if a consultant or engineer was retained for the purposes of preparing this notification on behalf of the owner or operator identified in Part I.						
1.	Engineer(s) or consultant(s) employed or retained to assis	st in preparin	g the notification:			
	Name:					
	Mailing Address:					
	City/Town:	State:	Zip Code:			
	Business Phone: e	ext.:				
	Contact Person:	hone:	ext.			
	E-mail:					
	Service Provided:					

## Part IV: Certification

The authorized representative for the owner or operator and the individual(s) responsible for actually preparing the notification *must* sign this part. The notification will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.					
I understand that any false statement made in the submitted information may be punishable as a criminal offense, under section 22a-175 or 53a-157b of the Connecticut General Statutes."					
Signature of Authorized Representative	Date				
Printed Name of Authorized Representative	Title (if applicable)				
Signature of Preparer (if different than above)	Date				
Printed Name of Preparer	Title (if applicable)				
☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.					

Note: Please submit the completed notification form to:

Supervisor Compliance Analysis and Coordination Unit Bureau of Air Management Connecticut Department of Energy and Environmental Protection 79 Elm Street Hartford, CT 06106-5127