AIR QUALITY Part I Application for HAP Sources affected by Section 112(j) (MACT Hammer) and 40 CFR Part 63, Subpart B				F	For questions or more information contact: Air Quality Division: (405) 702-4100				
Company Name									
Owner/Operator									
Mailing Address									
City				State			Zip		
Phone		Fax			E-mail				
Contact Name									
Facility Name									
Physical Address									
City				State			Zip		
Phone		Fax			E-mail				
unless EPA promulation following (add addition). Briefly describe y	ional pages	s as necessar	ry):					-	
the SIC code.	·		·			Ü			
2. Identify the types of	of emission	1 points bei	onging to t	he reiev	ant sourc	ce categor	y.		
3. Identify any affec has been made.	ted source	s for which	ı a Section	112(g)) case-by	'-case MA	.CT de	etermination	
CERTIFICATION									
I certify, based on inform			er reasonable	inquiry,	the stateme	ents and infor	rmation	contained in	
this document are true, a Responsible Official (sign		complete.							
Responsible Official (type						Date	<u>م</u>		
Responsible Official Title						Pho			

RETURN THIS FORM TO: Oklahoma Department of Environmental Quality

Air Quality Division/Permits Section

P. O. Box 1677

Oklahoma City, OK 73101-1677