

**AIR QUALITY DIVISION**  
**APPLICATION FOR RELOCATION OF A PORTABLE MINOR SOURCE**

Oklahoma Dept. Of Environmental Quality  
 Air Quality Division  
 707 N. Robinson Ave., Suite 4100  
 P.O. Box 1677  
 Oklahoma City, Oklahoma 73101-1677

This form must be completed to obtain approval to relocate a portable minor source, in accordance with Oklahoma Statutes Title 27A, Section 2-5-101, as described by OAC 252:100-7-17. Please submit a fee of \$250 (check payable to DEQ Air Quality Division) for each source to be relocated, a completed Landowners Affidavit (DEQ Form 100-810) for the new location, and a completed Application Classification Form (DEQ Form 100-815).

Note that relocation of a portable minor source without a relocation permit voids the operating permit or grandfather exemption for that source. Relocation of portable sources is limited to minor sources within attainment regions of the state and is valid for only two years. Failure of a source to change its locale within the two year time period shall subject it to the requirement to obtain a stationary source permit.

1	<b>COMPANY INFORMATION</b>		Name					
Headquarters Mailing Address								
City					State			
Technical Contact		Name						
Phone			Fax			Email Address		

2	<b>FACILITY INFORMATION</b>		Plant #				Operating Permit No.						
Manufacturer's Make & Model													
Air Pollution Control Equipment													
Subject to NSPS (40 CFR Part. 60) Subpart?				<input type="checkbox"/>	<b>I</b>	<input type="checkbox"/>	<b>OOO</b>	<input type="checkbox"/>	None	<input type="checkbox"/>	Other:		

3	<b>PRESENT LOCATION</b>		Projected Shut Down Date:									
Previous Relocation Permit No.						NAICS Code			SIC Code			
Legal Description		Section				Township			Range			
Physical Address or Driving Directions												
City or Nearest Town						County			Zip			

4	<b>NEW LOCATION</b>											
Projected Start Up Date:						Projected Shut Down Date:						
Legal Description		Section				Township			Range			
Latitude / Longitude (to 3 decimal places)				Latitude				Longitude				
Physical Address or Driving Directions												
City or Nearest Town						County			Zip			
Describe Any Residence, Park, School, etc. within ¼ mile												

5	<b>FEES SUBMITTED</b>		\$				Check #			Date		
---	-----------------------	--	----	--	--	--	---------	--	--	------	--	--

6	<b>APPLICATION CERTIFICATION</b>												
<p><b>This application has been submitted as required by OAC 252:100-7-17. I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete, and that this source is operating in compliance with its current permit and all applicable control rules.</b></p>													
Responsible Official (signature)									Date				
Responsible Official (typed)						Phone			Fax				
Responsible Official Title						Email Address							
Street Address					City			State			Zip		