

STATIONARY SOURCE RESPONSIBLE OFFICIAL (FORM 1101-N)

DISTRICT: Butte County Air Quality Management District

COMPANY NAME:

I. FACILITY IDENTIFICATION

1. Facility Name: _____
2. Four digit SIC Code: _____ EPA Plant ID: _____
3. Parent Company (if different than Facility Name): _____
4. Type of Organization: Corporation Sole Ownership Government Partnership Utility Company
5. Mailing Address: _____
6. Street Address or Source Location: _____

II. RESPONSIBLE OFFICIAL AND DELEGATED AUTHORITY:

1. Responsible Official: _____
2. Mailing Address: _____
3. Plant Site Manager/Alt. Contact: _____ Telephone #: _____
4. Is the above Site Manager/Alt. Contact designated as a "Delegated Authority" with authority to certify that the source complies with all applicable federal requirements and federally-enforceable conditions of permits issued to sources by this District? Yes No

I certify under penalty of law, based on information and belief formed after reasonable inquiry, that the information contained in this document is true, accurate, and complete. I also certify that I am the responsible official, as defined in District Rule 1101.

Signature of Responsible Official

Date

Print Name of Responsible Official

Title of Responsible Official

(____)____-_____
Phone Number

➤ DISTRICT USE ONLY ◀

Application #: _____

Application Filing Fee: _____

District ID: _____

Application Received: _____

Application Deemed Complete: _____