# 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: __________________________

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

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