|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please fill out a form for each gasoline dispensing facility** | | | | | | | | | | | | |
| **1. Business information:** | | | | | | | | | **Air Quality Use Only** | | | |
| Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted | | | | | | | | |
| **Source Number** | | |  |
| **2. Emission unit name:** | | | | | | | | | **Emission Unit Number** | | |  |
|  | | | | | | | | |
| **3. Tank data:** | | | | | | | | | | | | |
| Tank | Fuel Stored | Size (gal) | | Tank Type\* | Installation Date (MM/YYYY) | Type of Vapor Control System for Tank Filling\*\* | | | | Pressure/Vacuum Vent Valve | | |
| Make | Model | |
| 1 |  |  | |  |  |  | | | |  |  | |
| 2 |  |  | |  |  |  | | | |  |  | |
| 3 |  |  | |  |  |  | | | |  |  | |
| 4 |  |  | |  |  |  | | | |  |  | |
| 5 |  |  | |  |  |  | | | |  |  | |
| 6 |  |  | |  |  |  | | | |  |  | |
| \* AG for an aboveground tank or UG for an underground tank  \*\* Single point vapor balance, dual point vapor balance, other vapor control system (describe in comments), or none | | | | | | | | | | | | |
| **4. Gasoline dispensing information:** | | | | | | | | | | | | |
| Number of gasoline fueling positions | | | Maximum monthly gasoline throughput (gal) | | | | | Latest annual gasoline throughput (gal) | | | | |
| **5. Supplier information:** | | | | | | | | | | | | |
| Company name | | | | | | Contact name | | | | | | |
| Street | | | | | | City, State, Zip | | | | | | |
| Telephone | | | | | | Email | | | | | | |
| **6. Comments** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **7. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.** | | | | | | | | | | | | |
| Signature of responsible official | | | | | | | Date of application | | | | | |