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| **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 |