**Air Permit Termination Form for Non-Title V Permits**

**Email completed form with appropriate signature as an attachment to** [**Airdmg@dep.nj.gov**](mailto:Airdmg@dep.nj.gov)

|  |  |  |
| --- | --- | --- |
| FROM: | Click or tap here to enter text. | Air PI# Click or tap here to enter text. |
|  | Click or tap here to enter text. | (5-digit number) |

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**RE: AIR PERMIT TERMINATION REQUEST -** PLEASE TERMINATE THE FOLLOWING PERMITS AT MY REQUEST:

|  |  |
| --- | --- |
| **Permit Number**  include PCP or GEN followed by 6-digit number | **Equipment Description** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

BRIEF DESCRIPTION OF WHY YOU WANT THE PERMITS TERMINATED… (Equipment removed? Equipment still onsite but decommissioned? Equipment re-permitted? Equipment replaced or relocated? Business closed? Etc.)

***If equipment was removed, decommissioned or replaced, please provide corresponding date(s).***

|  |
| --- |
| Click or tap here to enter text. |

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Responsible Official (RO) [as defined in N.J.A.C. 7:27-1.4] Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Responsible Official: Click or tap here to enter text.

Phone # Click or tap here to enter text. RO Email: Click or tap here to enter text. Today’s Date: Click or tap here to enter text.

(USE ADDITIONAL SHEETS IF NECESSARY)

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