

**GOVERNMENT OF PUERTO RICO/OFFICE OF THE GOVERNOR
ENVIRONMENTAL QUALITY BOARD**

TITLE V OPERATING PERMIT APPLICATION

**SECTION 1 - GENERAL INFORMATION
1A - SOURCE/OWNER INFORMATION**

Page 1 of 2

TYPE OF APPLICATION			
<input type="checkbox"/> INITIAL	<input type="checkbox"/> AMENDMENT TO INITIAL	<input type="checkbox"/> RENEWAL	
<input type="checkbox"/> MODIFICATION:	<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> MINOR	<input type="checkbox"/> MAJOR
SOURCE INFORMATION			
1) SOURCE NAME:			
2) SOURCE STREET ADDRESS:		2a) MAILING ADDRESS	
3) CITY		4) ZIP CODE	
5) CONTACT PERSON:		6) TITLE:	
7) TELEPHONE NO.: ()		8) TELEFAX NO.: ()	
9) SIC CODE(S)	10) PRIMARY SIC DESCRIPTION:		
11) FACILITY COORDINATES	UTM EAST:	OR	LATITUDE
	UTM NORTH:		LONGITUDE
12) PERMIT NUMBER:			
OWNER INFORMATION			
13) OWNER NAME:			
14) MAILING ADDRESS:			
15) CITY:	16) STATE:	17) ZIP CODE:	
18) TELEPHONE NO.: ()		19) TELEFAX NO.: ()	
20) OWNER'S AGENT (if applicable):			

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SIGNATURE OF RESPONSIBLE OFFICIAL						
<p>21) Based on information and belief formed after reasonable inquiry, I swear and certify that the statements and information in this document are true, accurate, and complete.</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;"><p>_____</p><p>Authorized Signature</p></td><td style="width: 50%; border: none;"><p>____/____/____</p><p>Date</p></td></tr><tr><td style="border: none;"><p>_____</p><p>Typed or Printed Name of Signatory</p></td><td style="border: none;"><p>_____</p><p>Title</p></td></tr></table>			<p>_____</p> <p>Authorized Signature</p>	<p>____/____/____</p> <p>Date</p>	<p>_____</p> <p>Typed or Printed Name of Signatory</p>	<p>_____</p> <p>Title</p>
<p>_____</p> <p>Authorized Signature</p>	<p>____/____/____</p> <p>Date</p>					
<p>_____</p> <p>Typed or Printed Name of Signatory</p>	<p>_____</p> <p>Title</p>					
22) TELEPHONE NO.:	23) TELEFAX NO.:					
<p>Affidavit No.</p> <p>Sworn and subscribed before me by _____, of legal age, _____ (title), of _____ (name of company), _____ (civil status), and resident of _____, whom () I personally know, or whom I () have identified through the examination of the _____ number _____, on this ____ day of _____, 20__.</p> <p style="text-align: center;">Notary Public</p>						
FOR AGENCY USE ONLY						
PERMIT NO.:	DATE RCVD: / /	COMPLETENESS DATE: / /				