

To be filled in by AQ Staff
Permit No.: _____
Date: _____
Accepted By: _____

APPLICATION FOR A **MODIFICATION** TO AN AIR QUALITY STATIONARY  
SOURCE PERMIT TO OPERATE

Return to: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street B171  
Reno, Nevada 89512  
(775) 784-7200

[OurCleanAir.com](http://OurCleanAir.com)

**MINOR MODIFICATION:**

- Fill in portions of this application that are changing otherwise please leave blank.
- If additional information is required please include as an attachment.
- **FEES: Current fees, click [here](#)**

**Permit Number:** \_\_\_\_\_

**1. Previous/Current Legal Business Name:**

**2. New Business Name:**

**3. Previous/Current Address:** Physical Billing Mailing Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**4. New Address:** Physical Billing Mailing Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**5. New Persons:** Responsible Party Facility Contact Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**6. New Persons:** Responsible Party Facility Contact Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Reason for Changes:**

Equipment change

Process Change

**Equipment To Be Removed/Replaced (please include make/model and attach any additional information as needed):**

**Equipment replacing existing equipment (please include make/model and attach any additional information as needed):**

**Changes To Process or Materials (please include any updates to MSDS's or equipment information):**

This application is submitted in accordance with the provisions of Section 030.000, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

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**Responsible Party Signature**

**Date**

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**Print Name**

**Title**

Revised 6/1/2021 – KP