

Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294, Vancouver, WA 98682-2322

Voice: (360) 574-3058 Fax: (360) 576-0925

www.swcleanair.org 7:00 am to 5:30 pm M-F

BUSINESS OR SOURCE CLOSURE NOTIFICATION

(Please Print Legibly)

Date of Facility Closure/Notification:		SWCAA Use Only	
		Rec'd Date:	SWCAA ID:
Facility Owner/Name:		UBI Number:	
Facility Street Location:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Site Contact Person:		Title:	
Phone No: xxx-xxx-xxxx	Fax No:	E-Mail:	
Nature of Business:			
Closure Type: <input type="checkbox"/> Temporary – How long? _____ or projected restart date: _____ <input type="checkbox"/> Permanent – Effective date? _____			
Description of Equipment or Processes:			
Removed from Site: _____			

Made permanently inoperable and how: _____			

Certification

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete. I also understand that in order to continue to occupy and/or operate the equipment for this business through this administrative process, I must contact SWCAA to apply for, and receive an Air Discharge Permit from SWCAA prior to installation and/or operation.

Signature

Date

Type or Print Name and Title

Phone