**Application to Establish a  
Voluntary Emissions Limit**

**INSTRUCTIONS**

This form applies statewide for facilities under the Department of Ecology’s jurisdiction. Use this form when you request a voluntary emissions limit for your facility. Use another form if the limit will be part of a new project, permit modification, or permit change. Before you submit this form, talk to Ecology to determine what information you need to include with your request.

Complete the front and back of this form. Attach a check for the $500 initial fee, and mail the form and supporting materials to: **Department of Ecology  
 Cashiering Unit  
 P.O. Box 47611  
 Olympia, WA 98504-7611**

*For Fiscal Office Use only  
001-NSR-216-0299-00404*

**Read each statement, then check the box next to it to acknowledge what you have read.**

$500 Voluntary emissions limit initial fee covers 6 hours of review.

The initial fee you submitted may not cover the cost of processing your application. Ecology will track the number of hours spent on your project. If the number of hours exceeds the 6 hours included in your initial fee, Ecology will send you a bill for that extra time.

Ecology will bill you $95 per hour for each hour worked beyond the 6 initial hours. You must pay the bill before we will issue a decision on your request.

**Check the box for the location of your proposal. For assistance, call the contact listed below.**

| Location | Ecology Permitting Authority | Contact |
| --- | --- | --- |
| **CRO** | **Chelan, Douglas, Kittitas, Klickitat, or Okanogan County**  Ecology Central Regional Office - Air Quality Program | Lynnette Haller (509) 457-7126 lynnette.haller@ecy.wa.gov |
| **ERO** | **Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla or Whitman County**  Ecology Eastern Regional Office – Air Quality Program | Karin Baldwin (509) 329-3452 karin.baldwin@ecy.wa.gov |
| **NWRO** | **San Juan County** Ecology Northwest Regional Office - Air Quality Program | David Adler (425) 649-7267  david.adler@ecy.wa.gov |
| **IND** | **For actions taken at  Kraft and Sulfite Paper Mills and Aluminum Smelters**  Ecology Industrial Section | James DeMay (360) 407-6868 james.demay@ecy.wa.gov |
| **NWP** | **For actions taken on the US Department of Energy Hanford Reservation** Ecology Nuclear Waste Program | Lilyann Murphy (509) 372-7951 lilyann.murphy@ecy.wa.gov |

To request ADA accommodation, call Ecology at (360) 407-6800, 711 (relay service), or (877) 833-6341 (TTY).

**Application to Establish a  
Voluntary Emissions Limit**

**Applicant Information**

The applicant is the business requesting services from Ecology and is responsible for paying the costs Ecology incurs.

Name of business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical location of project (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Official** The responsible official is the person responsible for overall operation of and ongoing compliance at the facility.

Name, Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone, Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Billing Contact Information**

Ecology will send the responsible official the bills if there are any. If the project billing contact is different from the responsible official, check this box and provide the required information.

Name, Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone, Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Consultant Information**

If you hired a consultant to prepare the application (or materials), check this box and provide the required information.

Consultant Name, Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone, Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Official Signature Block** (The responsible official is the person responsible for overall operation of and ongoing compliance at the facility.)

| I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.  Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |