

Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294, Vancouver, WA 98682-2322 Voice: (360) 574-3058 Fax: (360) 576-0925

SMALL UNIT NOTIFICATION (SUN)

TOTAL ENCLOSED FEE: \$ _____ (Fee is \$250 per piece of equipment – refer to SWCAA 400-072.)

COMPANY INFORMATION

NAME OF APPLICANT	STREET	CITY	STATE	ZIP	PHONE	FAX
LEGAL NAME OF BUSINESS FOR WHICH NOTIFICATION APPLIES					PHONE	FAX
STREET or PO BOX			CITY	STATE	ZIP	
EMAIL ADDRESS				UBI No. _____		

FACILITY INFORMATION

FACILITY NAME	EQUIPMENT ADDRESS / LOCATION	Street	City	State	Zip
MAILING ADDRESS	Street	City	State	Zip	EMAIL ADDRESS
CONTACT PERSON AND TITLE				PHONE	FAX
SIC/NAICS CODE			FACILITY OPERATING SCHEDULE		
			hrs/day _____	days/wk _____	wks/yr _____

EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION or ID	NUMBER OF UNITS
NOTIFICATION FOR <input type="checkbox"/> New Construction or Installation <input type="checkbox"/> Modification or Alteration of Equipment <input type="checkbox"/> Change of Location <input type="checkbox"/> Existing Equipment Operating Without Approval <input type="checkbox"/> Existing Equipment With Expired or Lapsed Approval or Registration Has a Notice of Violation been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number: _____	
ESTIMATED INSTALLATION START DATE	ESTIMATED COMPLETION DATE

I do hereby certify that the information contained in this NOTIFICATION is, to the best of my knowledge, accurate and complete.

Signature: _____ Title: _____ Date: _____

SWCAA USE ONLY	
SWCAA ID #: _____	Notification #: _____
Processing Fee: _____	Date Rcvd: _____ Rept No. _____

SWCAA USE ONLY
Date Stamp