

**OLYMPIC REGION CLEAN AIR AGENCY**

2940 Limited Lane NW Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

**Air Operating Permit Revision Request Form**

Business Name:	<b>For ORCAA use only</b>	
Mailing Address (address, city, state, zip):	File No:	County
Physical Address (address, city, state, zip):	Source No:	Application No:
Billing Address (address, city, state, zip):	Date Received:	
<p>_____ requests an air operating permit revision to _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>to air operating permit # _____ (include additional information as necessary)</p> <p>Type of revision:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Administrative Permit Amendment [WAC 173-401-720]</li><li><input type="checkbox"/> Permit modification [WAC 173-401-725]<ul style="list-style-type: none"><li><input type="checkbox"/> Minor Modification [WAC 173-401-725(2)]</li><li><input type="checkbox"/> Group processing of minor modification [WAC 173-401-725(3)]</li><li><input type="checkbox"/> Significant modification [WAC 173-401-725(4)]</li></ul></li></ul>		
By my signature below, I certify that all information and statements in this form and the accompanying application, including all attachments are true, accurate, and complete to the best of my knowledge.		
Contact Name (if different than below):		
Title:	Phone:	Fax:
Responsible Official:		
Title:	Phone:	Fax:
Signature:	Date:	