



FACILITY CREATION FORM

For new facilities or facilities not currently permitted by BAAQMD

All fields are required unless otherwise noted. Please type or print.

Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109

Tel: (415) 749-4990

➤ A **Facility Contacts Form** must also be submitted with this form.

1. Facility Name

Facility Name

2. Ownership and Business Type

Owning Entity

Type of Business (Select one)

Corporation

Federal government

Partnership

State government

Sole proprietorship

Local government

3. Facility Physical Address/Location

This facility does not have a street address. If checked, submit map with location marked. (See instructions)

Street Address or Intersection or Nearest Street		
Address Line 2 (Optional)		
City	State	Zip Code
	CA	

4. North American Industry Classification System Code

Enter your facility's primary NAICS code.

NAICS Code (6 digits)

5. Certification/Signature of person responsible for the information on this form.

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)

BAAQMD Office Use Only – Skip this section

BAAQMD Facility ID



FACILITY CONTACTS FORM

For new information on and updates to facility contacts

All fields are required unless otherwise noted. Please type or print.

Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109

Tel: (415) 749-4990

1. Purpose of submitting this form

This form is being submitted to: (Select one)

Provide information on facility contacts for a new facility. (Complete all sections)

Update information on current facility contacts (Complete Parts 1, 2, 6 and applicable contact sections)

2. Facility Name

Facility Name	BAAQMD Facility ID (except new facilities)

3. Owner Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

4. Operator Contact – Select existing contact or fill out information below.

Same as Owner Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	



FACILITY CONTACTS FORM

For new information on and updates to facility contacts

All fields are required unless otherwise noted. Please type or print.

Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109

Tel: (415) 749-4990

5. Billing Contact - Select existing contact or fill out information below.

Same as Owner Contact

Same as Operator Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City	State	Zip Code	
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

6. Certification/Signature of person responsible for the information on this form.

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)