



START-UP NOTIFICATION FORM

For notifying when new or modified devices have initiated operation

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

- **At least seven (7) days before** the scheduled initial operation, complete and submit this form.
- Submit one form for each device.

1. Facility & Device Identification – Enter information as it appears on your Authority to Construct permit.

Facility Name	BAAQMD Facility ID
Application ID	BAAQMD Device ID

2. Reason for submitting this form

I am submitting this form to: (Select one)
 Notify a scheduled start-up date for the first time
 Revise a previously reported start-up date

3. Start-up Date

Enter the scheduled start-up date for the device listed in Part 1. The Start-Up Date is when you have scheduled to begin operation of a new device or to being operation of an existing device with new modifications to that device.

Scheduled Start-up Date (MM/DD/YYYY)

4. Equipment Serial Number – For engines and dry cleaning equipment only

Enter the serial number of the device.

Serial Number

5. Start-up Requirements by rule or permit condition

Before BAAQMD can issue your Permit to Operate, you must demonstrate that the device listed in Part 1 was built as authorized and in compliance with any start-up requirements by condition or rule.

- A. Was the device built as represented in the permit application and as authorized by the Authority to Construct?
 Yes No
- B. Does the device have any requirements to meet prior to or during the start-up period?
 Yes No
- C. If "Yes" to Question 5B, has the device already met those requirements? Yes No
➤ If "No" to 5C, submit documentation that demonstrates compliance with start-up requirements when completed.
- D. If "Yes" to Question 5C, has documentation already been provided to BAAQMD demonstrating compliance with the start-up requirements? Yes No
➤ If "No" 5D, submit documentation that demonstrates compliance with start-up requirements.

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)