



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 Identification

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)	



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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)



Instructions: Facility Contacts Form

Introduction Use the following instructions to help guide you through the *Facility Contacts form*.

Bay Area Air Quality Management District's new computer system requires all facilities have three contacts; owner contact, operator contact and billing contact. If you are an existing facility, until your contacts are updated, your current site contact will be used as all three contacts.

Who should use this form? This form is for:

- New facilities that have no contacts associated with their facility. A **Facility Creation & Update form** must also be submitted.
- Existing facilities that need to update information on contacts already associated with the facility.

Facility Identification **Facility Name** – Enter the name as it appears on the BAAQMD permit or invoice.
BAAQMD Facility ID - The facility ID is available on the permit or invoice issued by BAAQMD.

Contact Types **Owner Contact** – The individual representing the owner. The owner is the individual, partnership, limited liability company, corporation, or other entity that owns or controls the permitted equipment and is responsible for the permit to operate.
Operator Contact – The individual responsible for day to day operations and/or air quality issues at the facility.
Billing Contact – The individual responsible for paying invoices (accounts receivable). This individual is the default contact to receive all invoices from BAAQMD.

E-Mail Address BAAQMD is working on a system with online features and increased communication through e-mail. Please provide e-mail address(es), so that we can inform you when the system is available.

Still need help? Call the Engineering Division at (415) 749-4990.
