



DEVICE/FACILITY SHUTDOWN FORM
For surrendering permits by device or by facility

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. Facility Identification – Enter information as it appears on your permit.

Facility Name	BAAQMD Facility ID

2. Reason for submitting this form

I am submitting this form to: (Select one)

A. Shutdown some device(s) at the above facility

B. Shutdown all devices at facility identified above

3. Device Shutdown – Skip if 2B is selected. Attach separate sheet if additional space is needed.

Identify all devices that have shutdown or will be shutdown at this facility.

BAAQMD Device ID	Date of Shutdown (MM/DD/YYYY)	Dismantled? (Yes/No)	BAAQMD Device ID	Date of Shutdown (MM/DD/YYYY)	Dismantled? (Yes/No)

After shutdown on the date(s) provided, the owner/operator has surrendered BAAQMD permits for these devices. In order to operate again, the owner/operator must apply for and receive new permits. Any abatement devices identified to be shutdown must also shutdown the devices upstream in the emission train. Check if you understand this statement.

4. Facility Shutdown – Skip if 2A is selected.

Provide the date the facility identified above has shutdown or will shutdown.

Date of Shutdown (MM/DD/YYYY)

Are all of the devices at the facility dismantled by the above shutdown date? Yes No

After shutdown on the date provided, the owner/operator has surrendered their BAAQMD permits. In order to operate again, the owner/operator must apply for and receive permits. Check if you understand this statement.

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)