Any person seeking an Air Quality Notification (AQN) under 20.11.39 NMAC, *Permit Waivers and Air Quality Notifications for Certain Source Categories*, shall do so by submitting the AQN Application and associated fees to the Department.

All applicants shall complete the required sections of the AQN application entirely. **Do not** submit more than 3 months prior to receiving engine or gas station operation. Complete as much of the application as possible electronically, other than signature. Please make sure the AQN application contains the following information as requested in the form ***(incomplete AQN applications or AQN applications without payment will not be processed)***:

|  |  |
| --- | --- |
|  | **Payment of Application Review Fees**  Pay required AQN application review fees per 20.11.39.19(B) NMAC, *Fees*, at the time of submittal or request invoice.  Include completed Application Review Fee Checklist as part of the AQN application unless this application is for an Administrative Amendment to an existing AQN.  For the most current Application Review Fee Checklist please go to:  <https://www.cabq.gov/airquality/air-quality-permits/air-quality-application-forms#GeneralPermits> |
|  | **Application cover letter**  For all AQN applications, describe/explain for what this AQN application is being submitted. If this application is for a transfer or an amendment, please explain what is being changed. |
|  | **Section 1 – Company/Owner Information** |
|  | **Section 2 – Facility Information** |
|  | **Section 3 – Billing Information** |
|  | **Section 4 – AQN Determination**  Answer questions and provide the current permit/registration number if this AQN application is for a transfer of a prior authorization for an existing gas station or emergency engine. Provide the AQN number if this application is for an amendment to an existing AQN or if adding another ES-RICE to an existing AQN facility. |
|  | **Section 5 – Emergency Engines only**  Emergency Engine/Generator Information including:  Manufacturer, Model Number, Serial Number, Manufacture Date, Modification Date, Engine Rated/Nameplate Power (hp and kW), Generator Rated/Nameplate Power (kW), Engine Fuel Type and Engine Ignition Type.  Include attachments, such as engine/generator manufacturer data/specification sheets, EPA Tier Certification (Certificate of Conformity) documents and a detailed PDF site map/plan showing equipment and building layout, as part of the AQN application. |
|  | **Section 6 – Gas Dispensing Facilities only**  Gas Dispensing Facility Information:   * Number of Refueling Stations and Type of Fuel, and * Number of Tanks, Type of Fuel Stored, Location, Storage Capacity and Installation Date   Include a detailed PDF site map/plan showing equipment and building layout as part of the AQN application. |
|  | **Section 7 – Certification**  Signed and dated by a responsible officer of the applicant/owner company |

Instructions on how to complete the AQN form can be found at <https://www.cabq.gov/airquality/air-quality-permits/air-quality-application-forms> under **AQN Instructions**.

**Air Quality Notification (AQN) Application Form for Emergency Stationary RICE or Fuel Dispensing Facilities as described in 20.11.39.7 NMAC located in Bernalillo County**

**FOR ADMINISTRATIVE USE ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Record Number:** | **Facility ID:** | **AQN Approved** | | **Approval/Denial Date:** | **Initials** | **AQN Number** |
|  |  | **Yes** | **No** |  |  |  |

***NOTE: Submit one AQN Form for each Emergency Engine or Gasoline Dispensing Facility (GDF). If the facility has multiple Emergency Engines, submit an AQN for each unit. AQN Forms with multiple units and/or GDFs will not be accepted. Submittal and approval of this AQN only satisfies the requirements of 20.11.39 NMAC. Your site may still be subject to other permits and registrations with the City of Albuquerque or Bernalillo County. Please refer to the instructions for additional information. Incomplete AQN applications or AQN applications without payment will not be processed.***

**Please provide the following information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Company/Owner Information** | | | | | | | | |
| **Company/Owner Name:** | | **Street Address:** | | **City:** | | | **State:** | **Zip Code:** |
| **Company/Owner Contact Name:** | **Title:** | | **Phone Number:** | | **E-mail Address:** | | | |
| **Section 2 – Facility Information** | | | | | | | | |
| **Facility Name:** | | **Street Address:** | | **City:** | | | **State:** | **Zip Code:** |
| **Facility Contact Name**: | **Title:** | | **Phone Number:** | | |  | | |
| **UTM Coordinates** (required, please provide the coordinates) (**Not** latitude/longitude) | | | **E-mail Address:** | | | | | |
| **Easting** | **Northing** | |  | | | | | |
| **Section 3 – Billing Information** | | | | | | | | |
| **Billing Company:** | | **Mailing Address:** | | **City:** | | | **State:** | **Zip Code:** |
| **Billing Contact Name:** | **Title:** | | **Phone Number:** | | **E-mail Address:** | | | |

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| **Section 4 – AQN Determination** | | | | | | | | | | | | |
| **Does this facility have any other equipment that may be subject to another type of Air Quality Permit?** | | | | | | | | | | **Yes** | | **No** |
| **What is the facility’s current/most recent permit/registration number or AQN number?** | | | | | | | | | |  | | |
| **Is this AQN application for a new gas station or a new emergency engine at this location?** | | | | | | | | | | **Yes** | | **No** |
| **If YES:** | **Provide the anticipated:** | **Installation Date:** |  | | | | **Start Date**: |  | | | | |
| **If NO:** | **Is this a transfer of a prior authorization?** | | **Yes** | **No** | | **With transfer of ownership?** | | | | **Yes** | | **No** |
|  | **Is this an Administrative Amendment to an existing AQN?** | | | | | | | | | **Yes** | | **No** |
|  | **Is this a Technical Amendment to an existing AQN?** | | | | | | | | | **Yes** | | **No** |
|  | **If Technical Amendment is for, or transfer of prior authorization includes, engine replacement, provide the anticipated:** | | | | **Installation Date:** | |  | | **Start Date:** | |  | |

***Note:*** *If this is an AQN for an* ***Emergency Engine****, please provide the information requested in* ***Section 5****.*

*If this is an AQN for a* ***Gas Dispensing Facility****, please provide the information requested in* ***Section 6****.*

***Do not*** *complete both sections.* ***Only*** *complete Section 5* ***or*** *Section 6, as it applies to your request. AQN applications with multiple units and/or facilities will not be accepted.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5 – Emergency Stationary RICE** | | | | | | | |
| **Unit** | **Manufacturer** | | **Model No.** | **Serial No.** | **Manufacture Date** | **Modification Date** | **Rated/Nameplate Power** |
| **Engine** |  | |  |  |  |  | **hp /**  **kW** |
| **Generator** |  | |  |  |  |  | **kW** |
| **Engine Fuel Type**  **(Diesel, Gasoline, etc.)** | |  | | **Engine Ignition Type (Compression or Spark)** | |  | |
| **For what type of facility will/does this engine/generator provide backup power?** | | | | | | | |
| **Facility NAICS Code:** | | | | | | | |
| **Will this ES-RICE only be used for emergency purposes, other than as allowed by applicable regulations? Yes  No** | | | | | | | |

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| **Section 6 – Gas Dispensing Facilities** | | | | | | | | | | | | | |
| **Anticipated Annual Gasoline Throughput (in gallons):** | | | | | |  | | | | | | | |
| ***If this is an existing facility that currently has a permit/registration, please use the annual throughput reported in the last annual emissions inventory submitted to the City of Albuquerque.*** | | | | | | | | | | | | | |
| **REFUELING POSITIONS** | | | | | | | | | | | | | |
| **Total Number of Refueling Positions:** | | | | | |  | | | | | | | |
| **Individual Refueling Position Information** | | | | | | | | | | | | | |
| **Type of Fuel**  (gasoline, diesel, both; or heavy truck diesel) | **#1** | **#2** | | **#3** | | **#4** | | **#5** | **#6** | | **#7** | | **#8** |
|  |  | |  | |  | |  |  | |  | |  |
| **#9** | **#10** | | **#11** | | **#12** | | **#13** | **#14** | | **#15** | | **#16** |
|  |  | |  | |  | |  |  | |  | |  |
| **FUEL STORAGE TANKS** | | | | | | | | | | | | | | |
| **Total Number of Tanks (Above- and/or Underground):** | | | | | |  | | | | | | | | |
| **Individual Tank Information** | | | **Tank 1** | | **Tank 2** | | **Tank 3** | | | **Tank 4** | | **Tank 5** | | |
| **Type of Fuel Stored**  (reg. unl., super unl., diesel, etc.) | | |  | |  | |  | | |  | |  | | |
| **Location**  (above/underground) | | |  | |  | |  | | |  | |  | | |
| **Storage Capacity**  (in gallons) | | |  | |  | |  | | |  | |  | | |
| **Installed or**  **Proposed Date**  (month/year) | | |  | |  | |  | | |  | |  | | |

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| **Section 7 – Certification** | | | |
| *I, the undersigned, a responsible officer of the applicant company, certify that to the best of my knowledge, the information stated on this application, together with associated drawings, specifications, and other data, give a true and complete representation of the proposed or existing unit or fuel dispensing facility, with respect to air pollution and control equipment. I also understand that any significant omissions, errors, or misrepresentations in these data will be cause for revocation of the Air Quality Notification (AQN).* | | | |
| Printed Name: |  | Title: |  |
| Signature: |  | Date: |  |
|  | | | |

Requirements

This AQN application form will be returned with an issuance letter if the application is approved or a notice will be sent if the application is denied. If this AQN is approved, the issuance letter and approved AQN application with Facility ID and AQN Number will serve as documentation of approval by the Department and should be retained. The owner/facility will be responsible for complying with all applicable requirements of Part 39, some of which are described in 20.11.39.13 NMAC.

In accordance with 20.11.39.13(A)(3) NMAC, the owner or operator of each Part 39 source shall submit an annual emissions report to the Department by March 15 of each year. For their annual emission report, GDFs granted an AQN shall submit a report of their annual gasoline throughput for the previous January through December (20.11.39.13(A)(3)(a) NMAC). For their annual emission report, ES-RICE granted an AQN shall submit a report of their annual operating hours for the previous January through December (20.11.39.13(A)(3)(b) NMAC). Each annual emission report must also contain all of the information required by 20.11.39.13(A)(3)(c) NMAC.

The emission inventory submission form can be found here: <https://www.cabq.gov/airquality/compliance-enforcement/emission-inventory>. Submit a separate emission inventory for each AQN if you have more than one.

In accordance with 20.11.39.18(A) NMAC, the owner/operator of the equipment listed in the AQN shall notify the Department in writing of any change of name, address or contact information for the owner, operator or billing company within thirty (30) days of the change. The owner/operator shall request an Administrative Amendment for the change(s) by submitting a complete AQN application form with all required information, not just the information that needs to be updated, and the change shall be effective upon the Department’s issuance of an amended AQN.

In accordance with 20.11.39.18(B) NMAC, if the owner/operator of the equipment listed in the AQN proposes a change to the equipment or facility, such as engine/generator rated power, engine/generator manufacturer, engine/generator model, the number of refueling positions, type of fuel, number or size of the fuel storage tanks at a gas station, the owner/operator shall do so by submitting an application for an AQN Technical Amendment at least 30 days prior to making any change and shall pay the appropriate fee. No change shall be made until the Department issues an amended AQN or denies the amended AQN.

In accordance with 20.11.39.19(C) NMAC, each owner/operator of a source with a valid AQN shall pay an annual emission fee upon receiving an invoice from the Department.