



**CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT**



**AIR QUALITY PERMIT/REGISTRATION
REQUEST TO CANCEL**

Please mail this application to: P.O. Box 1293 Albuquerque, NM 87103	Or hand deliver to: (Mon-Fri 8am-5pm) One Civic Plaza NW, Room 3023 Albuquerque, NM 87102	Need Assistance? Air Quality Program: 505-768-1972 1-800-659-8331 (TTY)
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Use this form to request to cancel a stationary source Construction Permit, or Source Registration.

AIR QUALITY PERMIT OR REGISTRATION CURRENTLY ISSUED TO:

Facility Name		<i>Existing Permit / Registration#</i>
Facility Physical Address (Street, City, State, ZIP)		
Facility Contact (Name, Title)	E-mail	Phone

REASON(S) FOR CANCELLATION:

The equipment listed on the Permit or Registration has been:	<i>Effective Date</i>
<input type="checkbox"/> Shut down (closing business, moving out of Bernalillo County, etc.) <input type="checkbox"/> Sold - Please submit a Transfer of Ownership Request <input type="checkbox"/> Permanently decommissioned (fuel/power disconnected) <input type="checkbox"/> Destroyed or Removed from Albuquerque/Bernalillo County <input type="checkbox"/> Other (explain)	

I, the undersigned, am the owner or authorized representative of the Permit or Registration identified above. I verify that I am authorized to sign this Request to Cancel on behalf of the owner (Permittee) or Certificate of Registration Holder (Registration Holder) and to bind the Permittee or Registration Holder to this Request to Cancel. I certify that to the best of my knowledge, the information stated on this form is accurate and complete. In the future, if the Permittee or Registration Holder identified above operates the equipment described above within Albuquerque-Bernalillo County, then the Permittee or Registration Holder shall deliver to the Air Quality Program (Program) a complete application for a permit or registration before commencing construction, modification, or installation. Regardless of the anticipated commencement date, no construction, modification, or installation shall begin before the Program issues a required permit. I understand that any future application for a permit or registration will be reviewed under, and will be subject to the laws in effect at the time the application is submitted to the Program.

Signature (Sign, Print Title)	Date Signed
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I certify that the information provided is true and complete.

Official use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewed By	Date	Last Revised 8/2017
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