

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

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# Request to cancel a permit

(ATC or PTO)

PERMIT ISSUED TO:	CONTACT NAME:	PHONE:	
EQUIPMENT PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
OWNER OR OPERATOR (DISTRICT COMPANY NUMBER):	EQUIPMENT LOCATION (DISTRICT FACILITY NUMBER):		
PERMIT NUMBER(S) TO CANCEL:	CORRESPONDING EQUIPMENT DESCRIPTION:		
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
5 _____	_____		

*If applying to cancel more than 5 permits, use additional forms or attach a list of additional permit numbers and corresponding equipment descriptions.*

**Cancellation of the permit described above is hereby requested for the following reason:**

- Equipment has been:    sold    replaced    destroyed    removed from premises.
- Equipment will no longer be used.
- Equipment is exempt from permit requirement by Rule 219 Section \_\_\_\_\_.
- Replaced by statewide permit. *(Please attach copies of statewide permits.)*
- Other: \_\_\_\_\_

**IT IS UNDERSTOOD THAT ANY FUTURE USE OF THIS EQUIPMENT MAY REQUIRE A NEW PERMIT APPLICATION AND THAT OPERATION OF THIS EQUIPMENT WITHOUT A VALID PERMIT MAY CONSTITUTE LEGAL ACTION AND PENALTIES OF UP TO \$25,000 FOR EACH DAY OF VIOLATION.**

_____ SIGNATURE OF RESPONSIBLE MEMBER OF ORGANIZATION	_____ TITLE	_____ DATE
_____ PRINTED NAME	_____ PHONE NO.	_____ EMAIL ADDRESS

<b>-For District use only-</b>	
_____ SIGNATURE OF ENGINEERING SUPERVISOR	_____ DATE SIGNED