

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT
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Request to cancel a permit

(ATC or PTO)

➔ Section 1: Permit information			
Permit issued to:	Contact name:	Phone:	
Equipment physical address:	City:	State:	Zip:
Owner or operator (<i>district company number</i>):	Equipment location (<i>district facility number</i>):		
Permit number(s) to cancel:	corresponding equipment description:		
1 _____	_____		
2 _____	_____		
3 _____	_____		
<i>If applying to cancel more than 3 permits, use additional forms or attach a list of additional permit numbers and corresponding equipment descriptions.</i>			

➔ Section 2: Cancellation information
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: _____

➔ Section 3: Certification		
<i>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.</i>		
Name of responsible official:	Official title:	
Signature of responsible official:		
Phone number:	Email address:	Date signed:

-For District use only-	
Signature of Engineer Manager:	Date signed: