



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT  
1947 Galileo Court, Suite 103; Davis, CA 95618  
(530) 757-3659; Fax (530) 757-3670

## PERMIT NOTIFICATION FORM 08

Complete the following information and submit to the District upon completion of equipment construction/modification, as authorized by the Authority to Construct (ATC). This form serves as a Permit to Operate (PTO) application and must be submitted within forty-eight (48) hours of initial operation. This form serves as notification that the equipment is ready for operation and inspection. Return the completed form by email to [Notify@ysaqmd.org](mailto:Notify@ysaqmd.org), by fax to (530) 757-3670, and/or by mail to: YSAQMD, 1947 Galileo Court, Suite 103; Davis, CA, 95618. Upon receipt of this card, the District will contact you to schedule an inspection time (if applicable).

### INSTRUCTIONS

- **Date Construction Began** is the date process equipment began being installed. For ATCs which approve modifications of conditions, (i.e. no physical construction was required), leave this field blank.
- **Date Operation Began** is the date that “shakedown” was completed and operation for the purpose of sellable product or intended use began. For ATCs which approve modifications of conditions, enter the date the equipment was operated using the revised conditions.
- **Company Contact Name, Phone Number and Email Address** should be the person whom the District can contact to schedule any necessary start up inspection.
- **\*RESPONSIBLE OFFICIAL MUST BE THE PERSON WHO SIGNED THE ATC APPLICATION. ANY CHANGES TO THE RESPONSIBLE OFFICIAL MUST BE MADE IN WRITING TO AVOID A DELAY IN THE PERMIT ISSUANCE.** This Notification Form may be transmitted by email or fax and any such signature shall have the same legal effect as an original.

Company Name \_\_\_\_\_

ATC Number \_\_\_\_\_

Date Construction Began (mm/dd/yr) \_\_\_\_\_

Date Operation Began (mm/dd/yr) \_\_\_\_\_

Company Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Print Name of Responsible Official \_\_\_\_\_

\*Signature of Responsible Official (**see requirement above**) \_\_\_\_\_

*Signature Required*

*Date*

#### FOR DISTRICT USE ONLY

Date Stamp Received \_\_\_\_\_ PTO Number \_\_\_\_\_