



## Air Quality Registration Notification Crushing and Screening, Concrete, and Asphalt Plants

Revised: 7/18/2019

Complete this registration notification and submit it to the Department with the appropriate associated fees. By submitting this form, the owner/operator agrees to operate and maintain the facility and equipment in accordance with the applicable registration provisions in the Administrative Rules of Montana Title 17, chapter 8, subchapter 18. The owner/operator is encouraged to review the guidance available on the Department's website at <http://deq.mt.gov/Air/BI/NewFacility> and may contact the Department with any questions related to this form. Within 15 days after receiving a complete registration notification, the Department will publish this form at <http://deq.mt.gov/Air/PublicEngagement>.

### 1. Registrant Information

#### Owner/Operator Information:

Owner/Operator Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Company Name and Mailing Address:

 Check if same as Owner/Operator

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Contact Person:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation (if different than Owner/Operator): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. Source Category Information

Check the box(es) to indicate which source type/category you are registering. In Attachment A, you will also be asked to identify which source type will be operated at each location. The owner/operator is only authorized to operate equipment of the source type(s) identified with this registration or future updates.

- Nonmetallic Mineral Crushing/Screening
                    
  Asphalt Plant
                    
  Concrete Batch Plant

### 3. Montana Operating Location Information (See Attachment A)

You must notify the Department of all locations of operation at least 15 days before operating at the location.

- Unknown at this time (applicant must submit Attachment A prior to operating in Montana)  
 Permanent and/or Temporary Location(s) are identified in Attachment A

### 4. MAQP Revocation Request

With this registration notification, I am requesting registration in lieu of permitting and revocation of the following Montana Air Quality Permits (attach additional as necessary).

MT Air Quality Permit (MAQP) #	Date of Issuance	MT Air Quality Permit (MAQP) #	Date of Issuance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. No fee is due at the time of registration for notifications received on or before 12/31/2019. Please note, as of the date of this document, the Department is developing a fee structure to cover the cost of administering this program. The new fee structure may include a registration fee and/or an annual operating fee for all registered facilities.

I hereby certify that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information provided in this notification is true, accurate, and complete. Further, I hereby acknowledge the duty to comply with all applicable requirements of the Administrative Rules of Montana Title 17, Chapter 8.

Owner/Operator Designated Representative Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

**FOR STATE OF MONTANA USE ONLY**

Account Name: \_\_\_\_\_

Registration Fee Paid in Full?  Yes  No

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Notice Published: \_\_\_\_\_ Initials: \_\_\_\_\_

Form may be submitted electronically to [DEQ-ARMB-Admin@mt.gov](mailto:DEQ-ARMB-Admin@mt.gov).