

Air Quality Registration Form for Crushing and Screening, Concrete, and Asphalt Plants

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 the 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. No fee is due at the time of registration. Annual operating fees for registered facilities are based on a sliding scale dependent on annual emission rates with a minimum of \$500 to a maximum of \$13,000 per year. Fees calculations can be found on our website <https://deq.mt.gov/Air/Assistance> - Existing Facilities - Registered Sources.

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. The owner/operator is encouraged to review the guidance available on the Department's website at <https://deq.mt.gov/Air/Assistance> and may contact us with any questions related to this form. Within 15 days after receiving a complete registration notification, the Department will publish this form at <https://deq.mt.gov/air/resources>.

Owner/Operator Designated Representative Name (print): _____

Title: _____

Signature: _____ Date: _____

Form may be submitted electronically to DEQ-ARMB-Admin@mt.gov.