

Mail Application To:

New Mexico Environment Department
Air Quality Bureau
New Source Review Unit
1301 Siler Road, Building B
Santa Fe, NM 87507-3113

Phone (505) 476-4300
www.nmenv.state.nm.us/aqb



For Department use only:

AIRS #:

AI #:

Substitution and Reporting Additional Equipment Form

For Facilities with
GCP-2, GCP-3, or GCP-5 Permits

This form is to be used for equipment exchanges, removals, and additions only.
When relocating a facility, use the Registration Application & Relocation Application form for GCP-2, 3, or 5.

Acknowledgements:

- The process equipment that will be present at the facility will include any combinations of the emission units listed in Section I.A.3 of the general construction permit, and no others.

Part I – Required Information

1 Company Information			
1	a) Company Name:		
2	a) Facility Name:		
3	a) Company Mailing Address:		
4	a) Contact Person:	b) Title:	
5	a) Phone No.:	b) Fax No.:	c) Email:
6	a) GCP Permit Registration No.:	b) GCP Type (2, 3, or 5):	

Part II – Instructions

This form must be used to notify the New Mexico Environment Department, Air Quality Bureau (AQB) of equipment substitutions, exchanges, and additions as required by General Construction Permits (GCP) GCP-2, GCP-3, and GCP-5. Different requirements may apply to equipment changes for sources that also have non-GCP permits issued under 20.2.72 NMAC. For sources that also have non-GCP permits, additional notification of equipment changes for those permits must be submitted to AQB under separate cover.

All regulated equipment that will be present at the facility must be listed in the Tables in Parts III and IV of this form. Authorization for the requested equipment changes at the facility is effective upon receipt of this form by the Air Quality Bureau, provided that affirmative responses have been provided for all the items listed in “Acknowledgements” above. On the fifteenth day following receipt of this form at AQB, and at all subsequent times, there shall be no regulated equipment present at the facility other than the equipment listed in the Tables in Parts III and IV of this form.

Please note that applicable provisions of the GCP may require compliance tests for equipment installed following this notification.

Part V

Certification

Company Name: _____

I, _____, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this _____ day of _____, _____, upon my oath or affirmation, before a notary of the State of _____.

Signature

Date

Printed Name

Title

Scribed and sworn before me on this _____ day of _____, _____.

My authorization as a notary of the State of _____ expires on the _____ day of _____, _____.