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| **INSTRUCTIONS: Select one or both options in the first field and one of the options from the second field. Complete this form for any source test and/or relative accuracy test audit (RATA) protocol or source test and/or RATA report. Submit a hard copy of this form along with any supporting documentation to the Compliance Branch. This form should be provided as a cover sheet. (NRS 445B.230, NAC 445B.252)** |
| **Source Test** [ ]  | **RATA** [ ]  |
|  |
| **Protocol** [ ]  | **Report** [ ]  |
|  |
| **A. GENERAL INFORMATION**1. Identifying Information

Company Name: Enter Company NameFacility Name: Enter Facility NameFacility Identification Number: AXXXXFacility Class: Select Permit ClassAir Quality Operating Permit Number: APXXXX-XXXXFacility County: Select Facility CountyMailing Address: Enter Street AddressCity: Enter City State: Enter State ZIP: Enter Zip CodeContact Person: Enter Name Contact Title: Enter TitlePhone Number: (XXX) XXX – XXXX, Include Extension if ApplicableAdditional Contact Information: Include Preferred Phone Number if Different from Above and/or Preferred Email |