



# Louisville Metro Air Pollution Control District

## Source Registration or Exemption Request Form AP-500A

**Deliver application to:**701 W. Ormsby Ave. Suite 303  
Louisville, KY 40203(502) 574-6000  
FAX: (502) 574-5137  
[www.louisvilleky.gov/apcd](http://www.louisvilleky.gov/apcd)  
[airpermits@louisvilleky.gov](mailto:airpermits@louisvilleky.gov)

In accordance with District Regulation 2.02, certain facilities may apply for exemption from further regulation by the Louisville Metro Air Pollution Control District or may apply for registration as a business with a low potential to emit. Exemption or Registration may be accomplished by completion of this application form and subsequent approval by the District, as described in Regulation 2.02.

Type of Application	
<input type="checkbox"/> Exempt	This source is not subject to any applicable requirements contained in 40 CFR Parts 60, 61, or 63, and meets the emission thresholds set forth in District Regulation 2.02, section 2.1.
<input type="checkbox"/> Exempt	This source is not subject to any applicable requirements contained in 40 CFR Parts 60, 61, or 63, and conducts only one insignificant activity, as defined in District Regulation 1.02.
<input type="checkbox"/> Registered	This source is subject to an applicable requirement contained in 40 CFR Parts 60, 61, or 63, and meets the emission thresholds set forth in District Regulation 2.02, section 4.1.1.
<input type="checkbox"/> Registered	This source cannot exceed any applicable standards, without controls. Regulation 2.02, section 4.1.2.
<input type="checkbox"/> Registered	This source will accept operational limits described in the registration documents. Regulation 2.02, section 4.1.3.
<input type="checkbox"/> Registered	This source will accept operational limits and operates a surface coating process in accordance with section 5 of Regulation 2.02. Regulation 2.02, section 4.1.4.

Source Information	
Plant (Facility) name:	Plant ID:
Plant street address:	
City:	ZIP + 4:
Primary Source Industrial Classification (SIC) No.:	<b>OR</b> Primary NAICS No.:
KY Secretary of State Organization number:	
Nature of business:	
Nature of surrounding area:	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Urban

Applicant Information	
Name:	Title: (if an individual)
Address:	
City:	State:                      ZIP + 4:
Applicant is:	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> LP
Applicants agent (if applicable):	
Applicant or agent e-mail:	Applicant or agent phone:

<b>Owner Information</b> (same as applicant <input type="checkbox"/> )		
Name:	Title:	
Address:		
City:	State:	ZIP + 4:
e-mail:	Phone:	

<b>Operator Information</b> (same as applicant <input type="checkbox"/> )		
Name:	Title:	
Address:		
City:	State:	ZIP + 4:
e-mail:	Phone:	

<b>Responsible Official (RO) Information</b> (same as applicant <input type="checkbox"/> )		
Name:	Title:	
Address:		
City:	State:	ZIP + 4:
e-mail:	Phone:	

<b>Billing Information</b> (same as applicant <input type="checkbox"/> )		
Name:	Title:	
Address:		
City:	State:	ZIP + 4:
e-mail:	Phone:	

District correspondence should be directed to:     RO         owner     operator     agent

<b>Operating Schedule</b>					
		Hours / day	Days / week	Weeks / year	Seasonal Variation (%)
Normal	(Mon-Fri)				Jan - Mar:
	(Sat-Sun)				Apr - Jun:
Maximum	(Mon-Fri)				Jul - Sep:
	(Sat-Sun)				Oct - Dec:

<b>Emission Unit Definition</b>
Process Description:
Raw Materials:
Products:

<b>Emission Process Information</b>							
Emission Process #	Emission Process Description	Manufacturer	Model #	Maximum Rated Capacity	Date Installed (mm/dd/yy)	Control Equipment ID#	Stack ID #

<b>Operating Restrictions</b>
<p>If registering under Regulation 2.02, sections 4.1.3 or 4.1.4, describe the method you will use to demonstrate compliance with the emission limits for registered sources. Records that demonstrate compliance with the emission limits must be kept. You must retain these records for 5 years from the date of creation.</p>
<input type="checkbox"/> Restricted hours of operation -
<input type="checkbox"/> Restricted shifts -
<input type="checkbox"/> Material purchase and use records -
<input type="checkbox"/> Production records -
<input type="checkbox"/> Other method (describe) -

**Filing Fee**

**The filing fee listed in the revision of APCD Regulation 2.08 Schedule of Fees in effect on the date of filing is due with the submittal of the application. Your application will not be acted upon until the fee is received. This fee is not required when updating facility information such as contacts or Responsible Officials.**

The appropriate filing fee is included with this application

**Responsible Official Certification**

The “Responsible Official” is the person in charge of a principal business function, or other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of that person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit. See District regulation 1.02, section 1.71 for a complete, detailed definition of Responsible Official.

**Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all associated attachments are true, accurate, and complete.**

BY:

\_\_\_\_\_  
Typed or Printed Name of Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title of Signatory

**Change Responsible Official (RO) Designation**

- This is notification that our facility is requesting to add the Responsible Official named below.
- This is notification that our facility is requesting to remove the Responsible Official named below.

**This request must be signed by a current Responsible Official.**

\_\_\_\_\_  
Typed or printed name of added or deleted R.O.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature of added R.O.

\_\_\_\_\_  
Title of added R.O.

Additional RO e-mail:

Phone: