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| Mail Application To:  New Mexico Environment Department  Air Quality Bureau  525 Camino de los Marquez, Suite 1  Santa Fe, New Mexico, 87505    Phone (505) 476-4300  Fax (505) 476-4375  [www.env.nm.gov/aqb](http://www.env.nm.gov/aqb) | | | |  | | | | For Department use only: | | |
| Approved  Denied  Permit revision number: | | |
| Reviewed by & date: | | |
| **NSR Equipment Substitution Form**  Use this form to substitute equipment for 20.2.72 NMAC permits only, and only as authorized by your permit. Not for use for General Construction Permits (GCPs). This form will be processed as a 20.2.72.219.A NMAC administrative revision. Attach supporting documentation, if applicable. | | | | | | | | | | |
| Acknowledgements:  I acknowledge that each piece of equipment requested in Table II must be authorized by the current permit. | | | | | | | | | | |
| Part I – General Information **I-A: Company Information** | | | | | | | | | | |
| AI # (if known): | | Permit #: | | | 4-digit SIC code: | | | | 6-digit NAICS code: | |
| 1 | Company name: | | | | | | | | Date: | |
| 2 | Facility name: | | | | | | | | | |
| 3 | Company mailing address: | | | | | | | | | |
| 4 | Company contact person: | | | | | | Title: | | | |
| 5 | Phone No: | | Fax No: | | | E-mail: | | | | |
| 6 | Preparer/Consultant name (if different from above):  Address: | | | | | | | | | |
| 7 | Preparer/Consultant phone: | | | | E-mail: | | | | | |
|  | | | | | | | | | | |
| I-B: Current Facility Status | | | | | | | | | | |
| 1 | Is this equipment substitution authorized by your 20.2.72 NMAC permit? Yes No | | | | | | | | | Condition No.: |
| 2 | The 20.2.72 NMAC construction permit number for this facility is: | | | | | | | | | |
| 3 | Does this facility have a Title V operating permit (20.2.70 NMAC)? Yes No | | | | | | | | If yes, the permit No. is: P- | |
| 4 | Is this a PSD major source? Yes No Unsure. | | | | Is this a Title V major source? Yes No Unsure | | | | | |
| a | Is this a major modification under the PSD rules (20.2.74 NMAC)? Yes No Unsure | | | | | | | | | |
| 5 | If *Yes* or *Unsure* to any of the answers to questions No. 3 & 5, contact the AQB to see if a pre-application meeting is required. | | | | | | | | | |

### Part II –Production and Control Equipment

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table II: Regulated Equipment List: Unit numbering must correspond with the permit unit numbering. All regulated equipment at this facility shall be listed here regardless whether it is remaining, being retired, or being replaced. All equipment listed must be authorized by the current permit. Duplicate this page as necessary. | | | | | | | | | | |
| **Permitted Equipment List** | | | | | | **New Equipment List** | | | | |
| **Required:**  All the equipment listed below is authorized by the permit. | | | | | | **Required:**  All the replacement equipment listed below meets the replacement requirements of the permit. “Unchanged” equipment in this New Equipment List does not need Manufacturer, Model, and Capacity info. | | | | |
| **Unit #**  (from permit) | **Description** | **Manufacture** | **Model No.** | **Capacity**  (Specify Units1) | **For Each Piece of Equipment, Check One** | **Description** | **Manufacture** | **Model No.** | **Capacity**  (Specify Units1) | **For Each Piece**  **of Equipment,**  **Check One** |
| **Serial No.** | **Serial No.** |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |
|  |  |  |  |  |  Existing (unchanged)   To be Replaced   To be Retired |  |  |  |  |  Existing (unchanged)   Replacing the same unit number listed at left. |

1 To properly account for power conversion efficiencies, generator set rated capacity shall be reported as the rated capacity of the engine in horsepower, not the kilowatt capacity of the generator set.

**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 , .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary's Printed Name

Change Log – Do **not** submit this page with your application.

If you are using a form older than the most current form posted on the website, you are required to incorporate the changes listed. Periodically, AQB will announce when older form versions will no longer be accepted.

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| --- | --- |
| Version Date | Changes Incorporated |
| September 7, 2022 | Older versions of this form will not be accepted after October 11, 2022. |
| November 13, 2023 | Correct mis-spelled word on page 2 |
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