



CAIR NOx OZONE SEASON NEW SOURCE ALLOCATION REQUEST FORM

Pursuant to R 336.1823, a new CAIR NOx subject source may request allocations from the new-source set-aside pool of allowances as determined by the State. A new source must submit a written request to the Air Quality Division no later than March 1 of the year during which the source begins operations and must resubmit annual requests until such time as the source becomes subject to R 336.1822 requirements. This form may be used by any source requesting allocation from the ozone season new source set-aside pool. Calculations regarding the number of allocations requested are defined under Rule 823(2), (3) and (4).

Please type or print clearly. Refer to instructions for additional information to complete this form. Include additional copies of Page 2 as necessary.

This submission is: New: Renewal:

SOURCE INFORMATION		ORIS:	SRN:
Source Name			
Mailing Address			
City		State	Zip Code
Source Location (if different):			
City	MI	Zip Code	County Name
SOURCE IDENTIFICATION:		<input type="checkbox"/> EGU (Electricity Generating Unit)	<input type="checkbox"/> Non-EGU (Ozone season only)

Source-Wide Total Number of Allocations Requested:	
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Certification

I am authorized to make this submission on behalf of the owners and operators of the CAIR NOx sources or CAIR NOx units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Name:	Title:
E-Mail Address:	Phone:
Signature:	Date:



Source Name

AQD Unit ID:		Installation Date (MM/DD/YYYY):		Date Operations Began (MM/DD/YYYY):	
<input type="checkbox"/> Stationary boiler	<input type="checkbox"/> Combined cycle system	<input type="checkbox"/> Combustion turbine	Maximum Design Heat / Permitted Heat Input:		
Permitted Emission Rate:	Total Number of Allocations Requested*	Year requested:		Total Hours of Operation for Control Period:	

AQD Unit ID:		Installation Date (MM/DD/YYYY):		Date Operations Began (MM/DD/YYYY):	
<input type="checkbox"/> Stationary boiler	<input type="checkbox"/> Combined cycle system	<input type="checkbox"/> Combustion turbine	Maximum Design Heat / Permitted Heat Input:		
Permitted Emission Rate:	Total Number of Allocations Requested*	Year requested:		Total Hours of Operation for Control Period:	

AQD Unit ID:		Installation Date (MM/DD/YYYY):		Date Operations Began (MM/DD/YYYY):	
<input type="checkbox"/> Stationary boiler	<input type="checkbox"/> Combined cycle system	<input type="checkbox"/> Combustion turbine	Maximum Design Heat / Permitted Heat Input:		
Permitted Emission Rate:	Total Number of Allocations Requested*	Year requested:		Total Hours of Operation for Control Period:	

AQD Unit ID:		Installation Date (MM/DD/YYYY):		Date Operations Began (MM/DD/YYYY):	
<input type="checkbox"/> Stationary boiler	<input type="checkbox"/> Combined cycle system	<input type="checkbox"/> Combustion turbine	Maximum Design Heat / Permitted Heat Input:		
Permitted Emission Rate:	Total Number of Allocations Requested*	Year requested:		Total Hours of Operation for Control Period:	

* - Attach all calculations used to determine total number of allocations requested. Formulas for determining allocations are found in R 336.1823(2), (3) and (4).



INSTRUCTIONS FOR COMPLETING THE CAIR NO_x NEW SOURCE ALLOCATION REQUEST FORM

Page 1:

1. **Submission** – Indicate if this submission is a new submittal or a renewal request.
2. **ORIS** – Enter the Office of Regulatory Information Systems ID assigned to the CAIR NO_x Source.
3. **SRN** – Enter the State Registration Number (SRN) assigned to the source.
4. **Source Name** - Enter the source name.
5. **Addresses** - Enter the Mailing Address, City, State and Zip Code for the source. Provide the source location address, if different from mailing address.
6. **County Name** - Enter the county name where the unit is located
7. **Source Identification:** Indicate whether an EGU or Non-EGU. (Definitions found in R336.1803)
8. **Source Wide Total Allocations requested:** Indicate the source wide total number of allocations requested. (Total of all unit allocations from Page 2.)
9. **Certification:** Read the certification statement; enter the name and title of the NO_x authorized account representative; sign and date.

Page 2: For each subject unit provide the AQD Unit ID, the installation date, date operations began or are expected to begin, type of unit, the maximum design heat input for the unit, the permitted heat input (if appropriate), the permitted emission rate, the total amount of allocations requested for each unit, the ozone control period of the request and the supporting calculation for each unit. If more space is required, please attach a separate sheet listing the same details as listed below:

1. **AQD Unit ID** – Provide the AQD Unit ID from the Michigan Air Emissions Reporting (MAERs) program.
2. **Installation Date (MM/DD/YYYY)** – Provide the installation date for each emission unit.
3. **Date Operations Began (MM/DD/YYYY)** – Provide the date operations began or will begin for each emission unit.
4. **Type of Unit:** Indicate the type of unit in operation; boiler, combined cycle or turbine.
5. **Maximum Design Heat Input Value:** Indicate the nameplate capacity for the unit.
6. **Permitted Heat Input value:** Indicate the permitted heat input value (if appropriate).
7. **Permitted Emission Rate:** Indicate the permitted emission rate (if appropriate).
8. **Total Number of Allocations requested:** Enter the number of allocations requested for the unit, based on the calculations (detailed description in R 336.1823(2), (3) and (4)).
9. **Year Requested:** Specify which year containing the CAIR NO_x control period for each unit the allocations are being requested.
10. **Hours of Operation:** Indicate the total expected hours of operation for each unit in the control period.
11. **Calculations:** Provide the supporting calculations for each unit.

Submit the signed original to:

**Ms. Teresa Cooper, Senior Environmental Quality Analyst
Air Quality Division, Constitution Hall, 3rd Floor North
525 West Allegan Street
Lansing, Michigan 48909**