



CAIR NO_x RENEWABLE SOURCE ALLOCATION REQUEST FORM

Pursuant to R 336.1825, a renewable CAIR NO_x subject source may request allocations from the renewable-source set-aside pool of allowances as determined by the State. A renewable 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 may resubmit annual requests until the third year of requests has been exhausted. This form may be used by any source requesting allocation from the pool. Calculations regarding the number of allocations requested are defined under Rule 825(3).

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"/> Individual Renewable Energy Source <input type="checkbox"/> Renewable Energy Project | | | |

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|---|--|
| 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 Renewable Energy Source or Renewable Energy Project 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: |



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|-------------|
| Source Name |
|-------------|

| | | |
|--|---|--|
| AQD Unit ID: If applicable | Installation Date (MM/DD/YYYY): | Date Operations Began (MM/DD/YYYY): |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Solar | <input type="checkbox"/> Hydroelectric |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Other * | |
| Size of Unit or Project: (in Megawatts out) | Total Number of Allocations Requested** | Total Hours of Operation for Control Period: |

| | | |
|--|---|--|
| AQD Unit ID: If applicable | Installation Date (MM/DD/YYYY): | Date Operations Began (MM/DD/YYYY): |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Solar | <input type="checkbox"/> Hydroelectric |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Other* | |
| Size of Unit or Project: (in Megawatts out) | Total Number of Allocations Requested** | Total Hours of Operation for Control Period: |

| | | |
|--|---|--|
| AQD Unit ID or Project: If applicable | Installation Date (MM/DD/YYYY): | Date Operations Began (MM/DD/YYYY): |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Solar | <input type="checkbox"/> Hydroelectric |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Other* | |
| Size of Unit: (in Megawatts out) | Total Number of Allocations Requested** | Total Hours of Operation for Control Period: |

| | | |
|--|---|--|
| AQD Unit ID or Project: If applicable | Installation Date (MM/DD/YYYY): | Date Operations Began (MM/DD/YYYY): |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Solar | <input type="checkbox"/> Hydroelectric |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Other* | |
| Size of Unit: (in Megawatts out) | Total Number of Allocations Requested** | Total Hours of Operation for Control Period: |

| | | |
|--|---|--|
| AQD Unit ID: If applicable | Installation Date (MM/DD/YYYY): | Date Operations Began (MM/DD/YYYY): |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Solar | <input type="checkbox"/> Hydroelectric |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Other* | |
| Size of Unit or Project: (in Megawatts out) | Total Number of Allocations Requested** | Total Hours of Operation for Control Period: |

* Attach a detailed description of the type of source.

** Attach all calculations used to determine total number of allocations requested. Formulas for determining allocations are found in R 336.1825(3)(b) and (c).



INSTRUCTIONS FOR COMPLETING THE CAIR NO_x RENEWABLE 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, if available.
3. **SRN** – Enter the State Registration Number (SRN) assigned to the source, if available.
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 this is a renewable energy source or a renewable energy project as defined in R336.1803 (3)(q) or (r).
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; wind, solar, hydroelectric, geothermal or other. If other provide a detailed description of the units operations.
5. **Size of Unit or Project** in Megawatt output.
6. **Total Number of Allocations requested:** Enter the number of allocations requested for the unit, based on the calculations (detailed description in R 336.1825(3)(b) and (c)).
7. **Hours of Operation:** Indicate the total expected hours of operation for each unit in the control period.
8. **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**