



**CAIR NO_x COMPLIANCE SUPPLEMENT POOL (CSP)
EARLY REDUCTION ALLOCATION REQUEST FORM**

Pursuant to R 336.1833(2), a CAIR NO_x subject source may request allocations from the Early Reduction portion of the CSP set-aside pool of allowances as determined by the State. A source must submit a written request to the Air Quality Division no later than July 1, 2009. This form may be used by any source requesting allocation from the pool. Calculations regarding the number of allocations requested are described under R 336.1833.

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

SOURCE INFORMATION		ORIS:	SRN:
Source Name			
Mailing Address			
City		State	Zip Code
Source Location (if different):			
City	MI	Zip Code	County Name

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 NO_x sources or CAIR NO_x 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:	Control Equipment Installation Date (MM/DD/YYYY):	Date Early Reductions Began (MM/DD/YYYY):	
Request Year: 2007 <input type="checkbox"/> 2008 <input type="checkbox"/>	Actual NOx Emission Rate during the request year:	Required NOx Emission Rate	2005 Actual Emission Rate:
Percentage of Monitor System Availability:	Unit's Total Heat Input during the request year (in Mmbtu)	Total Number of Allocations Requested*	Comments (Optional)
Brief Description of the Early Reduction Process:			

AQD Unit ID:	Control Equipment Installation Date (MM/DD/YYYY):	Date Early Reductions Began (MM/DD/YYYY):	
Request Year: 2007 <input type="checkbox"/> 2008 <input type="checkbox"/>	Actual NOx Emission Rate during the request year:	Required NOx Emission Rate	2005 Actual Emission Rate:
Percentage of Monitor System Availability:	Unit's Total Heat Input during the request year (in Mmbtu)	Total Number of Allocations Requested*	Comments (Optional)
Brief Description of the Early Reduction Process:			

AQD Unit ID:	Control Equipment Installation Date (MM/DD/YYYY):	Date Early Reductions Began (MM/DD/YYYY):	
Request Year: 2007 <input type="checkbox"/> 2008 <input type="checkbox"/>	Actual NOx Emission Rate during the request year:	Required NOx Emission Rate	2005 Actual Emission Rate:
Percentage of Monitor System Availability:	Unit's Total Heat Input during the request year (in Mmbtu)	Total Number of Allocations Requested*	Comments (Optional)
Brief Description of the Early Reduction Process:			

* - Attach all calculations and formulas used to determine total number of allocations requested.



INSTRUCTIONS FOR COMPLETING THE CAIR NO_x COMPLIANCE SUPPLEMENT POOL (CSP) EARLY REDUCTION ALLOCATION REQUEST FORM

Page 1:

1. **ORIS** – Enter the Office of Regulatory Information Systems ID assigned to the CAIR NO_x Source.
2. **SRN** – Enter the State Registration Number (SRN) assigned to the source.
3. **Source Name** - Enter the source name.
4. **Addresses** - Enter the Mailing Address, City, State and Zip Code for the source. Provide the source location address, if different from mailing address.
5. **County Name** - Enter the county name where the unit is located
6. **Source Wide Total Allocations requested:** Indicate the source wide total number of allocations requested. (Total of all unit allocations from Page 2.)
7. **Certification:** Read the certification statement; enter the name and title of the CAIR designated representative (or their alternate); sign and date.

Page 2: For each subject unit provide the following information. 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. **Control Equipment Installation Date (MM/DD/YYYY)** – Provide the installation date for each NO_x emission control unit.
3. **Date Early Reductions Began (MM/DD/YYYY)** – Provide the date early reductions began or will begin for each emission unit.
4. **Early Reduction Request Year:** Indicate the calendar year for which early reduction credits are being requested for i.e. 2007 or 2008.
5. **Actual NO_x Emission Rate:** Indicate the actual NO_x emission rate during the specified request years in units of lb/mmBtu. The emission rate must be lower than the required NO_x emission rate and less than 80% of the 2005 actual annual NO_x emission rate.
6. **Required NO_x Emission Rate:** Indicate the required NO_x emission rate as described in R 336.1833.
7. **2005 Actual Emission Rate:** Provide the actual NO_x Emission rate for 2005 expressed as lb/mmBtu.
8. **Percentage of monitoring System availability:** Enter the percent of time the monitoring system was available, must not be less than 90% of the operation time during the specified request year.
9. **Unit's Total Heat Input** – Indicate the annual heat input for the specified control period in units of MMBtus.
10. **Total Number of Allocations requested:** Enter the number of allocations requested for the unit, based on the appropriate calculations (detailed description in R 336.1833).
11. **Comments (Optional):** This optional field may be used to provide comments on any of the data provided as described above.
12. **Description:** Provide a brief description of the early reduction process pursuant to the requirements of R 336.1833.
13. **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**