

## DECLARATION OF RESPONSIBLE OFFICIAL

### I. FORM INSTRUCTIONS

- A. This form is intended for existing sources that would like to identify a new primary Responsible Official, replace an existing primary Responsible Official, or identify an authorized representative of the primary Responsible Official.
- B. The form must have an **original wet-ink signature(s)**, and therefore **cannot be transmitted electronically**.
- C. The form may be hand delivered to the [AQMD drop box](#) or mailed to:  
NNPH, AQMD  
1001 E. Ninth Street, Suite B171  
Reno, NV 89512
- D. If a Responsible Official (RO), as defined below, is not identified, the application will be returned. Responsible Official is defined as: (DBOH 030.010.A)

(1) For a corporation:

- i. A President;
- ii. A Vice President in charge of a principal business function;
- iii. A Corporate Secretary; or
- iv. A Treasurer.

(2) For a partnership or sole proprietorship, a general partner or the proprietor, respectively.

(3) For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.

### II. FEES AND PAYMENTS

- A. For requests to identify a primary Responsible Official (Option 1), an **Administrative Amendment Fee** will be invoiced. [Reference the AQMD Fee Schedule](#) for the most current fees.
- B. Invoices must be paid by check, money order, or credit card. Make checks and money orders payable to Northern Nevada Public Health, Air Quality Management Division or NNPH, AQMD. For payment with a credit card, the applicant will be notified by email once the invoice is ready for payment. Payment may be made with a credit card following the [detailed payment instructions](#).

### III. ASSISTANCE AND RESOURCES

District Board of Health Regulations Governing Air Quality Management:  
<https://www.nnph.org/programs-and-services/air-quality/regulations/index.php>

The Air Quality Management Division Permitting Department can be contacted at 775-784-7200 or [AQMDPermitting@nnph.org](mailto:AQMDPermitting@nnph.org).

**FOR AQMD USE ONLY**

# DECLARATION OF RESPONSIBLE OFFICIAL

## 1. Facility Information

Permit Number (AAIRXX-XXXX):

Facility Name:

Facility Address:

City:

State:

ZIP Code:

## 2. Options

Select the appropriate option(s) below, then complete all fields associated with that option. If a Responsible Official, as defined below, is not identified, the application will be returned. Responsible Official (RO) is defined as: (DBOH 030.010.A)

(1) For a corporation:

- i. A President;
- ii. A Vice President in charge of a principal business function;
- iii. A Corporate Secretary; or
- iv. A Treasurer

(2) For a partnership or sole proprietorship, a general partner or the proprietor, respectively.

(3) For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.

☐ Option 1 (Administrative Amendment fee associated with this option)

I will assume the role of the **primary Responsible Official (RO)** as defined above, with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications. Enter contact information below for the new primary RO, then the new primary RO should sign the certification of data accuracy.

Name:

Title:

Phone Number:

Fax Number:

Email:

Mailing Address:

City:

State:

ZIP Code:

I will replace this Responsible Official (if applicable):

☐ Option 2 (no fee associated with this option)

I am identifying an **owner's agent or authorized representative** of the primary Responsible Official (RO) who shall be approved to act on behalf of the primary RO with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications. Enter contact information below for the authorized representative, then both the primary RO and authorized representative should sign the certification of data accuracy.

Name:

Title:

Phone Number:

Fax Number:

Email:

Mailing Address:

City:

State:

ZIP Code:

### 3. Certification of Data Accuracy

This application is submitted in accordance with the provisions of District Board of Health Regulations Governing Air Quality Management 030.000.C.2.c.(2), and under penalty of perjury under NRS 199.145, to the best of my knowledge the information supplied in this document is true and correct.

**Primary Responsible Official Signature. The primary RO shall sign below if option 1 or 2 is selected.**

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Primary RO Wet-Ink Signature

Date

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Printed Name

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Title

**Owner's Agent or Authorized Representative Signature. The authorized representative shall sign below if option 2 is selected.**

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Authorized Representative Wet-Ink Signature

Date

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Printed Name

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Title

**DECLARATION OF RESPONSIBLE OFFICIAL DETAILED FORM INSTRUCTIONS****1. Facility Information**

Provide the Permit Number (AAIRXX-XXXX), facility name, and facility address.

**2. Options**

Select the option corresponding to the nature of the request, then complete all fields associated with that option. If a Responsible Official, as defined below, is not identified, the application will be returned. Responsible Official is defined as: (DBOH 030.010.A)

a. For a corporation:

- 1) A President;
- 2) A Vice President in charge of a principal business function;
- 3) A Corporate Secretary; or
- 4) A Treasurer

b. For a partnership or sole proprietorship, a general partner or the proprietor, respectively.

c. For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.

**3. Certification of Data Accuracy**

The form must have **original wet ink signature(s)** and therefore **cannot be transmitted electronically**.