

## Air Pollution Control Permit and Order Revocation Request

Form 4530-157 (R 6/10)

Page 1 of 2

**Notice:** This form is required under ss. NR 406.11(1)(d) and 407.15(4), Wis. Adm. Code, in order to become eligible for Registration Construction and Operation Permits and General Construction and Operation Permits. Applicants should complete this written form for revocation of existing construction and operation permits and orders under ss NR 406.11(1)(d) and 407.15(4), Wis. Adm. Code. It is not the Department's intention to use any personally identifiable information from this form for any other purpose and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

If you want to request revocation of your facility's air pollution control permits and/or orders for a reason other than eligibility for a Registration or General Permit, please identify that reason under field 7, or you may submit a written request, by letter, to the address contained on this form, stating the permits and orders you wish to have revoked and the reason for requesting the revocation.

1. Facility Name

Mailing Address Street or Route

City

State

ZIP Code

2. Facility Location Street Address

City

County

3. Parent Corporation Name

Street or Route

City

State

ZIP Code

Country (if not U.S.)

4. Responsible Official Last Name

First Name

Title

Telephone Number

5. Permit Contact Person Last Name

First Name

Title

Mailing Address Street or Route

City

State

ZIP Code

Telephone Number

Fax

Email

6. Facility Identification Number (FID)

7. Reason for Revocation Request: (select one)

- ☐ Eligibility for any type Registration Permit    ☐ Eligibility for a General Permit for Printers    ☐ Eligibility for a General Permit for Asphalt Plants  
☐ Eligibility for a General Permit for a Crusher    ☐ Other \_\_\_\_\_

8. List all air pollution control construction and operation permits and orders for which you are requesting revocation. Include the Permit or Order Number and Date Issued. Note: you should list all permits even if they have expired or been revised.

9. SIGNATURE OF RESPONSIBLE OFFICIAL

STATEMENT OF COMPLETENESS

I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete. I HEREBY REQUEST REVOCATION OF ALL AIR POLLUTION CONTROL CONSTRUCTION AND OPERATION PERMITS AND ORDERS ISSUED TO THIS FACILITY.

Printed or Typed Name

Title

Signature

Date Signed



# Air Pollution Control Permit and Order Revocation Request

Form 4530-157 (R 6/10)

Page 2 of 2

---

## Instructions

- Item 1 Provide full business name and address of corporation, company, association, society, firm, partnership, individual or political subdivision of the state submitting the application.
- Item 2 Street address where the air pollution sources are located.
- Item 3 If wholly or partly owned by another entity, identify that entity.
- Item 4 The responsible official is a person legally responsible for the operation of the permitted air pollution sources. For a corporation, this person must be the president, vice-president, secretary or treasurer, or other person with a similar level of responsibility in the company. Subsection NR 400.02(80e), Wis. Adm. Code defines "responsible official."
- Item 5 List the name and contact information of the individual to contact for additional information concerning the permits and/or orders during the revocation process.
- Item 6 Provide the facility identification (FID) number that appears on the annual emissions inventory reports.
- Item 7 Select the appropriate box indicating why you are requesting revocation. Selecting the appropriate box will ensure prompt action on your revocation request.
- Item 8 List all air pollution control construction and operation permits and orders that have been issued to your facility including those that have expired, have been extended, have been superseded, or have a renewal pending.
- Item 9 The Responsible Official of the facility should review the form and the certification statement then sign and date. Send the original and one copy of the submittal to the Department at the address below and keep a copy for your records.

SEND THE ORIGINAL AND ONE COPY OF THIS COMPLETED APPLICATION TO:  
WISCONSIN DEPARTMENT OF NATURAL RESOURCES  
BUREAU OF AIR MANAGEMENT  
PERMITS AND STATIONARY SOURCE MODELING SECTION  
P.O. BOX 7921  
MADISON, WI 53707-7921