# Relocation Notification

**This form applies to portable sources that have been approved to operate in more than one location.**

**Use of this information request form is voluntary and not yet approved by the Office of Management and Budget.**
The following is a checklist of the type of information that Region 9 will use to process information regarding your source. While submittal of this form is not required, it does offer details on the information we will use to complete your requested approval and providing the information requested may help expedite the process. Use of application forms for this program is currently under Office of Management and Budget review and these information request forms will be replaced/updated after that review is completed.

**Please submit information to:**

| **U.S. EPA at:** | **Tribe:** |
|---|---|
| Air Division, Permits Office (Air-3) <br> U.S. EPA, Region 9 <br> 75 Hawthorne Street <br> San Francisco, CA 94105 <br><br> For more information: <br> http://www.epa.gov/caa-permitting/tribal-nsr-permits-region-9, call (415) 972-3974, or email <br> R9AirPermits@epa.gov. | The Tribal Environmental Contact for the specific reservation: <br><br> Please contact EPA Region 9 if you need assistance in identifying the appropriate Tribal Environmental Contact and address. |

## A. Company Information

| |
|---|
| Company Name |
| Contact Information (name, title, phone number, email) |
| Facility Name and Permit Number |
| Mailing Address |

## B. Operation Information (if different from owner)

| Operator Name (if different from owner) | Title |
|---|---|
| Mailing Address | |

| Email Address | |
|---|---|
| Telephone Number | Facsimile Number |

## C. Previous Location

| Reservation | County | Latitude | Longitude |
|---|---|---|---|
| ¼ Section ¼ Section | Section | Township | Range |

## D. New Location

| Reservation | County | Latitude | Longitude |
|---|---|---|---|
| ¼ Section ¼ Section | Section | Township | Range |

**Signature:**_____ **Date:** _____

**Print Name:**_____