



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Air Management
 Engineering & Enforcement Division

General Permit to Limit Potential to Emit from Major Stationary Sources of Air Pollution Registration Form

CPPU USE ONLY
Application No.: _____
Doc. No.: _____
Check No.: _____
Program (EIs below): Air Engineering

Please complete this form in accordance with the [instructions](#) (DEEP-AIR-INST-001) in order to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

Questions? Visit the [Air Permitting](#) web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

Registrant Name	_____
Subject to EPA "Once In Always In" Policy (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I: Registration Type

Registration Type (check one)	<input type="checkbox"/> A new General Permit to Limit Potential to Emit from Major Stationary Sources of Air Pollution (GPLPE) Registration]
	<input type="checkbox"/> A re-registration under the GPLPE program
Re-registrations Only	Existing Approval of Registration No.: _____ -GPLPE
Requested Emission Limitation (check one) Title V thresholds as defined in RCSA sections 22a-174-33(a)(10)(E) and (F)	<input type="checkbox"/> Emission limitation on regulated air pollutants of below 50% and GHG to below 100% of Title V thresholds [#2063]
	<input type="checkbox"/> Emission limitation on regulated air pollutants of up to but no more than 80% and GHG to below 100% of Title V thresholds [#2064]

Part II: Fee Information

A fee of \$2,760.00 is to be submitted with this registration form. For municipalities, a 50% reduction applies. The registration will not be processed without the fee. The fee shall be **non-refundable** and shall be paid by check or money order to the Department of Energy & Environmental Protection (DEEP) or by such other method as the commissioner may allow.

Municipality (check one) Any Town, City or Borough	<input type="checkbox"/> No <input type="checkbox"/> Yes, 50% discount
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Part III: Registrant Information

If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. REGISTRANT INFORMATION				
a. Registrant Name		<input type="checkbox"/> owner and/or <input type="checkbox"/> operator of the emissions unit(s) that are the subject of this Registration. (check all that apply)		
b. Mailing Address				
City/Town		State		Zip Code
c. Business Phone No.		Extension No.		
d. Contact Person				
Title				
e. E-mail		By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.		
f. Registrant Type		<input type="checkbox"/> business entity <input type="checkbox"/> municipality <input type="checkbox"/> individual <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> tribal		
If a business entity:		Business Type	<input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other:	
		Secretary of the State Business ID No.	<input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.	
		<i>This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)</i>		

Part III: Registrant Information (continued)

g. Registrant's Interest in Property at which the Activity is Located	<input type="checkbox"/> site owner <input type="checkbox"/> option owner <input type="checkbox"/> lessee <input type="checkbox"/> easement owner <input type="checkbox"/> Other:		
h. Are there co-registrants?	<input type="checkbox"/> No <input type="checkbox"/> Yes, attach additional sheet(s) with the required information as above.		
2. PRIMARY CONTACT FOR DEPARTMENTAL CORRESPONDENCE AND INQUIRIES (if different than the registrant)			
Name			
Title			
Company/Individual Name			
Mailing Address			
City/Town		State	Zip Code
Business Phone No.		Extension No.	
E-mail			
	<small>By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.</small>		
3. ENGINEER(S) OR CONSULTANT(S) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS REGISTRATION (if different than the registrant)			
Name			
Title			
Company/Individual Name			
Mailing Address			
City/Town		State	Zip Code
Business Phone No.		Extension No.	
E-mail			
Service Provided			
<input type="checkbox"/> Check here if additional sheets are required to identify all engineer(s) or consultant(s) employed or retained. If so, please reproduce this sheet, label, and attach additional sheet(s) with the required information to this sheet.			

Part IV: Premises Information

1. PREMISES INFORMATION				
Premises Name				
Premises Address				
City/Town		State		Zip Code
Site Manager				
Business Phone No.		Extension No.		
E-mail				
	By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.			
2. PREMISES OWNER (if different than the registrant)				
Premises Owner				
Mailing Address				
City/Town		State		Zip Code
Contact Person				
Business Phone No.		Extension No.		
E-mail				
	By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.			
3. Industry Codes	a. SIC Code:		b. NAICS Code:	
4. Latitude & Longitude	Latitude and Longitude of the approximate "center of the site" in degrees, minutes, and seconds:			
	Latitude:	°	'	"
	Longitude:	°	'	"
	Method of determination (check one):			
	<input type="checkbox"/> GPS	<input type="checkbox"/> USGS Map	<input type="checkbox"/> Other (please specify):	
	If a USGS Map was used, provide the quadrangle name:			

Part V: Emissions Unit Inventory

1. Emissions Unit (EU) Information					
				Complete if Emission Limitation Requested in Part I is Up to But No More Than 80%	
a. EU No.	b. EU Description	c. Control Equipment Description	d. Permit, Registration or Regulation No(s).	e. Source Category (VOC – Specify Type, Fuel Burning, Mineral Processing, Asphalt, N/A)	f. Monitoring Description (Record Keeping, CEM, Stack Testing, Manufacturer Data, N/A)
EU-EX	Spray Booth, ABC Co., Model XYZ	Fabric Filters	-3b	VOC – surface coating	Record keeping
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					
EU-					

Check here if additional sheets are required to identify all air emissions units at the premises.
 If so, please reproduce this sheet, label, and attach additional sheet(s) with the required information to this sheet.

Part VI: Premises Emissions Summary for PM-2.5, PM-10, SOx, NOx, VOC, CO, Lead and GHG

1. Premises Name:
2. Ozone Non-Attainment Status: Serious Severe
3. Specify the pollutant(s) for which the premises is classified as a major stationary source:
 PM-2.5 PM-10 SOx NOx VOC CO Pb GHG
- (Major stationary source classifications - Serious: VOC/NOx >=50 TPY; Severe: VOC/NOx >=25 TPY; GHG >=100,000 TPY, CO₂e basis; other pollutants: >=100 TPY Serious or Severe)

4. EU No./GEU No.	5. PM-2.5 (TPY)		6. PM-10 (TPY)		7. SOx (TPY)		8. NOx (TPY)		9. VOC (TPY)		10. CO (TPY)		11. Pb (TPY)		12. GHG (TPY)	
	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual
13. Totals (TPY) (This page)																

14. Premises Totals (TPY)																
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Check here if additional sheets are required to identify all emissions units or grouped emissions units, and their emissions at the premises. If so, please reproduce this sheet, label, and attach additional sheet(s) with the required information to this sheet.

Part VII: Premises Emissions Summary for Hazardous Air Pollutants (HAPs)

1. Premises Name:													
2. Do you use or emit any of the 187 Federal Hazardous Air Pollutants listed in Appendix A in the instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, go to Part VIII. If yes, are you a major stationary source for any single HAP (>=10 TPY) or combination of HAPs (>=25 TPY)? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>													
		4. HAP Name		HAP Name		HAP Name		HAP Name		HAP Name		HAP Name	
		5. CAS Number		CAS Number		CAS Number		CAS Number		CAS Number		CAS Number	
3. EU No./GEU No.		Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual	Potential	Actual
6. Totals (TPY) (This Page)													

7. Premises Totals (TPY) (Each HAP)													
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8. Premises Total All HAPs	Potential	Actual	9. Classified as Major for HAPs?	<input type="checkbox"/> One or More Individual HAP ≥ 10 TPY Potential Emissions
				<input type="checkbox"/> Total HAPs ≥ 25 TPY Potential Emissions
				<input type="checkbox"/> Not Classified as a Major Stationary Source for HAPs

Check here if additional sheets are required to identify all emissions units emitting HAPs and their emissions at the premises.
 If so, please reproduce this sheet, label, and attach additional sheet(s) with the required information to this sheet.

Part VIII: Documentation of Actual VOC Emissions

If the premises is subject to RCSA section 22a-174-32, Reasonably Available Control Technology (RACT) for VOCs, the registrant is required to complete the following table. List the total actual VOC emissions from the premises for each calendar year, or portion thereof, after December 31, 1995 in accordance with RCSA section 22a-174-32(c)(2).

Year	Actual VOC Emissions (TPY)	Year	Actual VOC Emissions (TPY)	Year	Actual VOC Emissions (TPY)
1996		2005		2014	
1997		2006		2015	
1998		2007		2016	
1999		2008		2017	
2000		2009		2018	
2001		2010		2019	
2002		2011		2020	
2003		2012			
2004		2013			

Part IX: Supporting Documents

Please check the attachments being submitted as verification that *all applicable* attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this Part (e.g., Attachment A, etc.) and be sure to include the registrant's name.

Attachment	Attachment Description	Form No.	Required?	Attached
A	A copy of all calculations used to calculate potential and actual emissions, including source of data.	N/A	REQUIRED	<input type="checkbox"/>
B	Applicant Compliance Information	DEEP-APP-002	REQUIRED	<input type="checkbox"/>
C	VOC RACT Compliance Plan in accordance with RCSA section 22a-174-32(d).	N/A	If Applicable	<input type="checkbox"/>

Part X: Certification

The registrant **and** the individual(s) responsible for actually preparing the registration form for approval must sign this part. A registration form for approval will be considered incomplete unless all signatures asked for are provided. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.

I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

The registrant, permittee, or duly authorized representative of the registrant or permittee certifies that their signature being submitted herein complies with section 22a-174-2a(a) of the Regulations of Connecticut State Agencies.

I certify that I have read the *General Permit to Limit Potential to Emit from Major Stationary Sources of Air Pollution* issued by the commissioner of the Department of Energy & Environmental Protection and that the activities which are the subject of this registration are eligible for authorization under such permit.”

REGISTRANT:

Signature of Registrant		Date	
Name of Registrant (print or type)			
Title (if applicable)			

PREPARER:

Signature of Preparer		Date	
Name of Preparer (print or type)			
Title (if applicable)			

Check here if additional signatures are required. If so, please reproduce this sheet, and attach signed copies to this sheet.

Please submit the completed Registration Form, Fee and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

Note: A notice of application is not required for this registration form, nor is a *Permit Application Transmittal Form*.