



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

License Revocation Request Form

Please complete this form in accordance with the [instructions](#) (DEEP-AIR-INST-REQ-004) in order to ensure the proper handling of your revocation request. Print or type unless otherwise noted.

There is no fee required. [#1764]

Please submit one revocation request form for each affected premises.

Submit completed form to the address noted at the end of this form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Town #:	_____
Premises #:	_____
Program: Air Engineering	

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

Licenses issued by the DEEP Bureau of Air Management include New Source Review Permits, Title V Permits, Title IV Permits, GPLPE Approval of Registrations and Registrations issued under the former RCSA section 22a-174-2.

Part I: Licensee Information

Note: Only the current Licensee can request the revocation of a license.			
1. Fill in the name of the licensee(s) as indicated on the license.			
Licensee:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Contact Person:	Title:		
Business Phone:	ext.		
E-Mail:			
<input type="checkbox"/> Check here if there are co-licensees. If so, label and attach additional sheet(s) to this sheet with the required information.			

Part I: Licensee Information (continued)

2. List any other engineer(s), consultant(s) or attorney(s) employed or retained to assist in preparing the request form, if applicable.

Check here if additional sheets are necessary, and label and attach them to this sheet.

Company Name:

Mailing Address:

City/Town: State: Zip Code:

Contact Person: Title:

Business Phone: ext.

E-Mail:

Service Provided:

Part II: Premises Information

1. Premises Name:

Premises Address:

City/Town: State: Zip Code:

2. Site Manager:

Business Phone: ext.

E-Mail:

3. Will the premises be operating under a Title V permit or the GPLPE after the completion of the revocation request process? Yes No If yes, indicate license no.:

Part III: License(s) Information

For each license that is included in this revocation request, list the license type and reason for requesting the revocation, as indicated in the box below. Also provide the license number, a description of the emissions unit and its construction date that is the subject of the license. Please list each license on a separate line.

License Type: **NSR** – New Source Review Permit, **TV** – Title V Permit, **TIV** – Title IV Permit, **GPLPE** – GPLPE Approval of Registration, **R** – Registration issued under former RCSA section 22a-174-2

Reason for Revocation: The Emissions Unit has been:

R – Removed, **I** – Rendered Physically Inoperable, **S** – Shut Down, **D** – Dismantled, **-3b** – Emissions unit will operate under RCSA section 22a-174-3b, **-3c** – Emissions unit(s) will operate under RCSA section 22a-174-3c, **N** – License is no longer required since potential emissions from the emissions unit are below the permitting thresholds of RCSA section 22a-174-3a, **O** – Other, as specified by Attachment D on page 3 of this form.

Part III: License(s) Information (continued)

1. License Type	2. Town-License Nos.	3. Emissions Unit Description	4. Construction Date	5. Reason for Revocation

Check here if additional sheets are required to identify all licenses that are included in this revocation request. If so, please reproduce this sheet, label, and attach additional sheet(s) with the required information to this sheet.

Part IV: Revocation Request Date

Indicate the requested effective date of revocation. The date indicated may be no earlier than 45 days after the submittal date of this request unless the right to request a hearing is waived in Part IV.2 below. In that case, the date may be no earlier than 15 days after the submittal date of this request. The licensee may waive the right to request a hearing in accordance with RCSA section 22a-3a-6(i).

<p>1. Requested Date of Revocation: _____</p> <p>2. Waive the Right to Request a Hearing within 30 Days of Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part V: Attachments

Attachments are required when the *Reason for Revocation* indicated in Part III.5 of this request form is **N** – License is no longer required, **-3b** – Emissions unit will operate under RCSA section 22a-174-3b, or **-3c** – Emissions unit(s) will operate under RCSA section 22a-174-3c. Please see below.

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

<input type="checkbox"/>	Attachment A: Emissions Unit Calculations - For each NSR or R license where N is indicated in Part III.5 of this revocation request form - Calculations showing the annual potential emissions from the associated emissions unit after the revocation of such license.
<input type="checkbox"/>	Attachment B: <i>Premises Total Annual Potential Emissions</i> (DEEP-AIR-REQ-004B) - For license(s) where N or -3b is indicated in Part III.5 of this revocation request form - Premises total annual potential emissions after the revocation of the license(s). (See attached form DEEP-AIR-REQ-004B) Note: Attachment B is NOT required for premises with a valid Title V Permit or GPLPE Approval of Registration as indicated in Part II.3 of this revocation request form.
<input type="checkbox"/>	Attachment C: Demonstration of Compliance - For license(s) where -3b or -3c is indicated in Part III.5 of this revocation request form – Demonstration of how the emissions unit(s) will comply with RCSA section 22a-174-3b or -3c after the revocation of the license(s).
<input type="checkbox"/>	Attachment D: Provide “Other” Reason for Revocation (provide documentation as necessary): _____

Part VI: Certification

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

<p>“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.</p> <p>I certify that this request is on complete and accurate forms as prescribed by the commissioner without alteration of their text.</p> <p>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.</p> <p>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.”</p>	
_____ Signature of Licensee	_____ Date
_____ Name of Licensee (print or type)	_____ Title (if applicable)
_____ Signature of Preparer	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet, and attach signed copies to this sheet.	

Note: Please submit this completed form and all required supporting documents to:

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

Attachment B: Premises Total Annual Potential Emissions

Attachment B is required for license(s) where **N** or **-3b** is indicated in Part III.5 of this revocation request form. Provide premises total annual potential emissions after the revocation of the license(s).

B.1: Summary for PM-2.5, PM-10, SOx, NOx, VOC, CO, Lead and GHG

Page of

- 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.

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, if applicable:
 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, CO_{2e} basis; other pollutants: >=100 TPY Serious or Severe)

4. Emissions Unit	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	Potential	Potential	Potential	Potential	Potential	Potential	Potential
13. Totals (TPY) (This page)								

14. Premises Totals (TPY)								
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Attachment B: Premises Total Annual Potential Emissions (continued)

Attachment B is required for license(s) where **N** or **-3b** is indicated in Part III.5 of this revocation request form. Provide premises total annual potential emissions after the revocation of the license(s).

B.2: Summary for Hazardous Air Pollutants (HAPs)

Page _____ of _____

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.

1. Premises Name:						
2. Do you use or emit any of the 187 Federal Hazardous Air Pollutants ? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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						
	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. Emissions Unit	Potential	Potential	Potential	Potential	Potential	Potential
6. Totals (TPY) (This Page)						

7. Premises Totals (TPY) (Each HAP)						
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8. Premises Total All HAPs	Potential