Monterey Bay Air Resources District

24580 Silver Cloud Court
Monterey, CA 93940
(831) 647-9411

Request to Cancel a Permit to Operate

Section A - Permit Information

Company Name (Business Name of Operator As It Appears On The Permit):

_____

Permit Number: _____ **Date Issued:** _____

Equipment : _____

Section B - Equipment Location Address

Select One: ○ **Fixed Location** ○ **Various Location**
(For equipment operated at various locations, provide address of initial site.)

_____
Street Address

_____, **CA** _____
City Zip

_____ _____
Contact Name Title

_____ _____ _____
Phone # Ext. Fax #

_____
email

Section C - Permit Mailing Address

Permit and Correspondence Information:
☐ Check here if same as equipment location address

_____
Address

_____, **CA** _____
City Zip

_____ _____
Contact Name Title

_____ _____ _____
Phone # Ext. Fax #

_____
email

Section D - Reason for Request

Cancellation of the Permit to Operate described above is hereby requested for the following reason(s):

☐ Equipment: ○ Sold ○ Destroyed or ○ Removed from site. Effective Date:

☐ Equipment will no longer be operated. Date Operation Ended:

☐ Equipment is exempt from permit requirements by Rule 201. Indicate Rule Section:

☐ Business & Equipment Sold. Effective Date:

New owner name/company:

Address:

Phone #:

☐ Other (explain):

It is understood that any future use of this equipment may require a new permit application in accordance with the laws then in effect.

Section E - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Responsible Official:	**Title of Responsible Official:**
Print Name of Responsible Official:	**Date:**
Phone #:	**Fax #:**

Return form by mail to address above "Attn: Engineering" or email to egonzalez@mbard.org