



Connecticut Department of Energy & Environmental Protection

Source Emissions Monitoring Bureau of Air Management

Intent to Test Application Form

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: AIRENF - Air Enforcement	
EMISSION GROUP ONLY	
Intent to Test No:	_____

Please complete this application form in accordance with the instructions in order to ensure the proper handling of your intent to test request and the associated fee(s). Print legibly or type.

Part I: Application Type and Registration Information

Check the appropriate box identifying the application type.

This application is for (check one): <input type="checkbox"/> A Stack Test <input type="checkbox"/> A Relative Accuracy Test Audit	Registration Information: 1. Town number: 2. Site (Premises) number: 3. Registration or Permit number: 4. Stack number:
Town where site is located: _____	
Brief Description of equipment/process being tested:	

If there are any changes or corrections to your company/facility or individual name, 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. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

Part II: Fee Information

Expected duration of testing (number of days or partial days): As per section 22a-174-26(h) of the Regulations of Connecticut State Agencies and Section 22a-6f(d) of the Connecticut General Statutes, a fee of \$470.00 per day, or part thereof, shall be paid to the commissioner for each DEEP employee conducting or observing testing activities. The total fee due will be billed by the DEEP at the completion of the testing. <input type="checkbox"/> Check here if exempt from the fee pursuant to section 22a-232 of the Connecticut General Statutes.

Part III: Applicant Information

If an applicant 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 applicant's name shall be stated **exactly as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).*

If an applicant 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.).

1. Applicant Name*:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:	Fax:	
Contact Person:	Phone:	ext.	
*E-mail:			
*By providing this e-mail address you are agreeing to receive official correspondence from the department, 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 the department if your e-mail address changes.			
a) Applicant Type (check one):	<input type="checkbox"/> individual	<input type="checkbox"/> *business entity	<input type="checkbox"/> federal agency
	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality	<input type="checkbox"/> tribal
*If a business entity:			
i) check 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: _____
ii)	provide Secretary of the State business ID #: _____	This information can be accessed at CONCORD	
iii)	<input type="checkbox"/> Check here if you are NOT registered with the Secretary of State's office.		
b) Applicant's interest in property at which the proposed activity is to be performed:			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	
<input type="checkbox"/> easement holder	<input type="checkbox"/> operator	<input type="checkbox"/> other (specify): _____	
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.			

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, 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 the department if your e-mail address changes.

4. Site contact, if different than the applicant.

Name of Facility or Site:

Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

5. Engineer(s) or consultant(s) employed or retained to assist in preparing the intent-to-test application and/or to conduct the test, record the results, and produce the test report.

Name of Engineering or Consulting Firm:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

Service Provided:

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

Part IV: Site Information (property at which the proposed activity is to be performed).

Site Name and Location		
Name of Site :		
Street Address:		
City/Town:	State:	Zip Code:
Tax Assessor's Reference: Map	Block	Lot

Part V: Reason for Test Program

1. Describe the process/equipment being tested (include appropriate emission unit designations)
2. What are the regulatory requirements that apply to the testing (e.g., the applicable state and/or federal regulations)?
3. Compliance with American Society for Testing and Materials requirements
a) For emission testing pertaining to resource recovery facilities, is tester compliant with American Society for Testing and Materials (ASTM) method D 7036?
<input type="checkbox"/> yes <input type="checkbox"/> no
b) For sources subject to 40 Code of Federal Regulations (CFR) Part 75, any relative accuracy test audits (RATAs), Appendix E NOx testing or low mass emission testing; will the test be performed as required by an air emission testing body that certifies conformance with ASTM method D 7036?
<input type="checkbox"/> yes <input type="checkbox"/> no

Part VI: Intent-to-Test Information (complete for each piece of equipment tested)

When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment to Part VI.) and be sure to include the applicant's name as indicated on this application form.

1) Last test date:

2) Identify equipment and stack to be tested:

3) Maximum Rated Capacity (with units):

4) *(For new equipment only)* Has the equipment being tested been started up? yes no
(for the purpose of this form, start-up means the setting in operation of the equipment being tested for any purpose)
If yes, what was the date of start-up?

5) *(For new equipment only)* Has the equipment reached its maximum production rate? yes no
If yes, what was the date the equipment reached its maximum production rate?

6) Fuels that are listed in permit, enforcement order, or registration (for fuel burning sources):

7) Fuels the unit is physically capable of burning (for fuel burning sources):

8) For any Relative Accuracy Test Audit (RATA) please indicate:

a) Have there been changes in any analyzer make and/or model? yes no
If yes, what is the change?

b) Have there been any changes in sampling location? yes no
If yes, please explain.

c) Have there been any changes in sampling system design? yes no
If yes, please explain.

b)

Gas Stream Sampling Information

Gas Stream Components	Sampling Duration		# of Tests	Emission Limit (w/units)	Expected Concentration (w/units)	Description of Test Method
	Minutes/point	Total Test Time				

Part VII: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An

application will be considered incomplete unless all required signatures are provided. [If the applicant 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 the 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 understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	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. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, consultants, etc.)	

Part VIII: Applicant E-Submission

Please submit the completed application form, and all supporting documents by electronic mail to DEEP.SEM@ct.gov the Source Emissions Monitoring Group in the Bureau of Air Management, or in the alternative, in hard copy to:

SOURCE EMISSIONS MONITORING
BUREAU OF AIR MANAGEMENT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127