



License Revocation Request Form

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

Please complete this form in accordance with the [instructions](#) (DEEP-AIR-INST-REQ-004) 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.

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

Licenses issued by the DEEP Bureau of Air Management include New Source Review Permits, Title V Permits, Title IV Permits, 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. LICENSEE INFORMATION					
Licensee Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone No.		Extension No.			
Contact Person					
Contact Phone No.		Extension No.			
Title					
Email	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.				

Part I: Licensee Information (continued)

2. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS REQUEST FORM (If different than the applicant)					
Name					
Title					
Company/Individual Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone No.		Extension No.			
Email					
Service Provided					

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

Part II: Premises Information

1. PREMISES NAME AND LOCATION					
Name of Site					
Street Address					
City/Town		State		Zip Code	
2. SITE MANAGER					
Name of Site Manager					
Business Phone No.		Extension No.			
Email					
3. Will the premises be operating under a Title V permit after the completion of the revocation request process?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate license number:					
4. Will the premises be operating under RCSA Section 22a-174-33a or -33b after the completion of the revocation request process?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Will the facility be shut down after the completion of the revocation request process?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate facility shutdown date:					

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 and shutdown dates. Please list each license on a separate line.

License Type:		Reason for Revocation:	
NSR	New Source Review Permit	R	Removed
TV	Title V Permit	S	Shutdown - Emissions unit has been dismantled or rendered physically inoperable
TIV	Title IV Permit	3b	Emissions unit will operate under RCOSA section 22a-174-3b
R	Registration issued under former RCOSA section 22a-174-2	3c	Emissions unit will operate under RCOSA section 22a-174-3c
		N	License is no longer required since potential emissions from the emissions unit are below the permitting thresholds of RCOSA section 22a-174-3a
		O	Other, as specified by Attachment E of this form

1. License Type	2. Town-License Number	3. Emissions Unit Description	4. Construction Date	5. Reason for Revocation	6. Date of Removal or Shutdown (Required for R or S codes only)

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).

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

Part V: Attachments

Attachments are required for each revocation being requested depending on the *Reason for Revocation* indicated in Part III.5 of this request form. Required attachments are described below. Check the applicable box below for each attachment being submitted with this application 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 licensee's name as indicated on this form.

Reason for Revocation		Attachment A	Attachment B	Attachment C	Attachment D	Attachment E
N	License is no longer required	✓	✓			
3b	Emissions unit will operate under RCSA §22a-174-3b		✓	✓		
3c	Emissions unit will operate under RCSA §22a-174-3c		✓	✓		
R S	Removed Shutdown – Dismantled or rendered physically inoperable				✓	
O	Other					✓

Attachment	Attachment Description	Attached?
A	Emissions Unit Calculations - Calculations showing the annual potential emissions from the associated emissions unit after the revocation of such license	<input type="checkbox"/>
B	<i>Premises Total Annual Potential Emissions</i> (DEEP-AIR-REQ-004B) - Premises total annual potential emissions after the revocation of the license(s). (attached) Note: Attachment B is NOT required for premises with a valid Title V Permit or if the premises is operating under RCSA Section 22a-174-33a or -33b as indicated in Parts II.3 and 4 of this revocation request form	<input type="checkbox"/>
C	Demonstration of Compliance – 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"/>
D	Documentation clearly demonstrating that the unit was removed or dismantled/rendered inoperable. Can include photographs, contracts, or other documentation or evidence	<input type="checkbox"/>
E	Provide all necessary information documenting “Other” Reason for Revocation	<input type="checkbox"/>

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 understand that any 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>I certify that this request is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</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>			
LICENSEE:			
Signature of Licensee		Date	
Name of Licensee (print or type)			
Title (if applicable)			
PREPARER:			
Signature of Preparer		Date	
Name of Preparer (print or type)			
Title (if applicable)			

Submit one hardcopy and one electronic copy of the completed and signed form and required attachments.

- **The hardcopy of the completed and signed request form shall be submitted to:**
 CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CONNECTICUT 06106-5127
- **The electronic copy of the completed and signed request form shall be submitted to:**

DEEP.BAM.AirPermits@ct.gov

Where the file size of attachments exceed the allowable limit, please contact DEEP.BAM.AirPermits@ct.gov to arrange an alternate method of submitting the electronic copy.

Your application is not considered received by the Department until the hardcopy of the completed and signed application is submitted to the address above.

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

1. Premises Name:								
2. Ozone Non-Attainment Status:		<input type="checkbox"/> Serious		<input type="checkbox"/> Severe				
3. Specify the pollutant(s) for which the premises is classified as a major stationary source, if applicable:		<input type="checkbox"/> PM-2.5		<input type="checkbox"/> PM-10	<input type="checkbox"/> SOx	<input type="checkbox"/> NOx		
		<input type="checkbox"/> VOC	<input type="checkbox"/> CO	<input type="checkbox"/> Pb	<input type="checkbox"/> GHG			
4. Emissions Unit	Potential Emissions (tpy)							
	5. PM-2.5	6. PM-10	7. SOx	8. NOx	9. VOC	10. CO	11. Pb	12. GHG
13. Totals (This Page)								
14. Premises Totals								

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.

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)

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				

3. Emissions Unit	Potential Emissions (tpy)					
	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
6. Totals (This Page)						

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