



**CITY OF PHILADELPHIA  
AIR MANAGEMENT SERVICES  
AIR POLLUTION CONTROL ACT COMPLIANCE REVIEW FORM**

Fully and accurately provide the following information, as specified. Attach additional sheets as necessary.

**Type of Compliance Review Form Submittal (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Original Filing | Date of Last Compliance Review Form Filing: |
| <input type="checkbox"/> Amended Filing  | ____/____/____                              |

**Type of Submittal**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Plan Approval          | <input type="checkbox"/> New Operating Permit | <input type="checkbox"/> Renewal of Operating Permit   |
| <input type="checkbox"/> Extension of Plan Approval | <input type="checkbox"/> Change of Ownership  | <input type="checkbox"/> Periodic Submission (@ 6 mos) |
| <input type="checkbox"/> Other: _____               |   |  |

**SECTION A. GENERAL APPLICATION INFORMATION**

**Name of Applicant/Permittee/("applicant")**  
(non-corporations-attach documentation of legal name)

**Address**

\_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_ **Taxpayer ID#** \_\_\_\_\_

**Permit, Plan Approval or Application ID#**

**Identify the form of management under which the applicant conducts its business (check appropriate box)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Syndicate           | <input type="checkbox"/> Government Agency                      |
| <input type="checkbox"/> Municipality        | <input type="checkbox"/> Municipal Authority | <input type="checkbox"/> Joint Venture                          |
| <input type="checkbox"/> Proprietorship      | <input type="checkbox"/> Fictitious Name     | <input type="checkbox"/> Association                            |
| <input type="checkbox"/> Public Corporation  | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Other Type of Business, specify below: |
| <input type="checkbox"/> Private Corporation | <input type="checkbox"/> Limited Partnership |   |

**Describe below the type(s) of business activities performed.**

**SECTION B. GENERAL INFORMATION REGARDING "APPLICANT"**

If applicant is a corporation or a division or other unit of a corporation, provide the names, principal places of business, state of incorporation, and taxpayer ID numbers of all domestic and foreign parent corporations (including the ultimate parent corporation), and all domestic and foreign subsidiary corporations of the ultimate parent corporation with operations in Pennsylvania. Please include all corporate divisions or units, (whether incorporated or unincorporated) and privately held corporations. (A diagram of corporate relationships may be provided to illustrate corporate relationships.) Attach additional sheets as necessary.

Unit Name	Principal Places of Business	State of Incorporation	Taxpayer ID	Relationship to Applicant

**SECTION C. SPECIFIC INFORMATION REGARDING APPLICANT AND ITS "RELATED PARTIES"**

**Pennsylvania Facilities.** List the name and location (mailing address, municipality, county), telephone number, and relationship to applicant (parent, subsidiary or general partner) of applicant and all Related Parties' places of business, and facilities in Pennsylvania. Attach additional sheets as necessary.

Unit Name	Street Address	County and Municipality	Telephone No.	Relationship to Applicant

Provide the names and business addresses of all general partners of the applicant and parent and subsidiary corporations, if any.

Name	Business Address

List the names and business address of persons with overall management responsibility for the process being permitted (i.e. plant manager).

Name	Business Address

Plan Approvals or Operating Permits. List all plan approvals or operating permits issued by the Department or an approved local air pollution control agency under the APCA to the applicant or related parties that are currently in effect or have been in effect at any time 5 years prior to the date on which this form is notarized. This list shall include the plan approval and operating permit numbers, locations, issuance and expiration dates. Attach additional sheets as necessary.

Air Contamination Source	Plan Approval/ Operating Permit#	Location	Issuance Date	Expiration Date

**Compliance Background.** (Note: Copies of specific documents, if applicable, must be made available to the Department upon its request.) List all documented conduct of violations or enforcement actions identified by the Department pursuant to the APCA, regulations, terms and conditions of an operating permit or plan approval or order by applicant or any related party, using the following format grouped by source and location in reverse chronological order. Attach additional sheets as necessary. See the definition of "documented conduct" for further clarification. Unless specifically directed by the Department, deviations which have been previously reported to the Department in writing, relating to monitoring and reporting, need not be reported.

Date	Location	Plan Approval/ Operating Permit#	Nature of Documented Conduct	Type of Department Action	Status: Litigation Existing/Continuing or Corrected/Date	Dollar Amount Penalty
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

List all incidents of deviations of the APCA, regulations, terms and conditions of an operating permit or plan approval or order by applicant or any related party, using the following format grouped by source and location in reverse chronological order. This list must include items both currently known and unknown to the Department. Attach additional sheets as necessary. See the definition of "deviations" for further clarification.

Date	Location	Plan Approval/ Operating Permit#	Nature of Deviation	Incident Status: Litigation Existing/Continuing Or Corrected/Date

**CONTINUING OBLIGATION.** Applicant is under a continuing obligation to update this form using the Compliance Review Supplemental Form if any additional deviations occur between the date of submission and Department action on the application.

VERIFICATION STATEMENT	
<p>Subject to the penalties of Title 18 Pa.C.S. Section 4904 and 35 P.S. Section 4009(b)(2), I verify under penalty of law that I am authorized to make this verification on behalf of the Applicant/Permittee. I further verify that the information contained in this Compliance Review Form is true and complete to the best of my belief formed after reasonable inquiry. I further verify that reasonable procedures are in place to ensure that “documented conduct” and “deviations” as defined in 25 Pa Code Section 121.1 are identified and included in the information set forth in this Compliance Review Form.</p>	
Signature _____	_____ Date
Name (Print or Type)	
Title	