



CITY OF PHILADELPHIA
AIR MANAGEMENT SERVICES

AIR POLLUTION CONTROL ACT COMPLIANCE REVIEW
SUPPLEMENTAL FORM

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

Date of Submission of Original Compliance Review Form ____/____/____

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

- Original Filing Amended Filing
- No Changes Date of Last Compliance Review Form Filing

Type of Submittal

- New Plan Approval New Operating Permit Renewal of Operating Permit
- Extension of Plan Approval Change of Ownership Periodic Submission
- Other _____ (every six months)

SECTION A. GENERAL APPLICANT INFORMATION

1. Name of Applicant/Permittee/("Applicant") (non-corporations attach documentation of legal name)

Address _____

Telephone _____

Taxpayer ID# _____

Permit, Plan Approval or Application ID# _____

2. Identify the form of management under which the applicant conducts its business.

- Individual Fictitious Name Association
- Municipality Partnership Syndicate
- Proprietorship Limited Partnership
- Public corporation Government Agency
- Private Corporation Joint Venture
- Municipal Authority Other Type of Business (specify)

3. Describe the type(s) of business activities performed.

*** Supplemental ***

List only those changes since the date of the last original submission.

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.

* * * Supplemental * * *

List only those changes since the date of the last original submission.

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

SECTION C. INFORMATION REGARDING APPLICANT & ITS “RELATED PARTIES”

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

* * * Supplemental * * *

List only those changes since the date of the last original submission.

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

4. 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 five 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.

*** Supplemental ***

List only those changes since the date of the last original submission.

Source	Plan Approval Operating Permit Number	Location	Issuance Date	Expiration Date

SECTION D. COMPLIANCE BACKGROUND

Note: Copies of specific documents, if applicable, must be made available to the Department upon its request.)

1. Documented Conduct. 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.

*** Supplemental ***

List only those changes since the date of the last original submission.

Date	Location	Plan Approval/ Operating Permit#	Nature of Documented Conduct	Type of Department Action	Status Litigation; Existing/Continuing; or corrected/Date	Dollar Amount Penalty

CONTINUING OBLIGATION: Applicant is under a continuing obligation to update this form using the Compliance Review Supplemental Form if any additional documented conduct occurs or related parties develop between the date of submission and Department action on its application

