

**MOVEMENT NOTIFICATION OF PORTABLE/RENTED EQUIPMENT TO AN  
AIR QUALITY STATIONARY SOURCE PERMIT TO OPERATE**

Return to: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street B171  
Reno, Nevada 89512  
(775) 784-7200

[www.OurCleanAir.com](http://www.OurCleanAir.com)

**Movement Notification:**

- Complete all applicable fields and submit via mail to the above address or email to [aqmdpermitting@washoecounty.us](mailto:aqmdpermitting@washoecounty.us)
- If additional information is required please include as an attachment.

**Permit Number:** \_\_\_\_\_

**1. Legal Business Name:**

\_\_\_\_\_

**2. Contact :**  Responsible Party  Facility Contact  Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**3. Prior Location:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates: Actual Throughput (in tons) \_\_\_\_\_

**4. New Location:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Anticipated Dates: \_\_\_\_\_ Anticipated Throughput (in tons) \_\_\_\_\_

Onsite Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**Equipment to be operated at new location ... (include make/model of all equipment)**

**Sketch (or attachment) of equipment setup at new location (identify crushers, conveyors, screens, stationary engines, etc.)**

This Movement Notification is submitted in accordance with the provisions of Permit to Operate conditions, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

---

**Responsible Party Signature**

**Date**

---

**Print Name**

**Title**