



**Bureau of Air Quality
Title V Operating Permit Application
Designated Responsible Official Notification Instructions
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PLEASE DO NOT SEND A COPY OF THE INSTRUCTIONS IN WITH YOUR APPLICATION

If you have any questions while filling out the Designated Responsible Official form, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123. Submit the Designated Responsible Official form to:

**Air Permitting Division Director
Bureau of Air Quality
2600 Bull Street
Columbia, South Carolina, 29201**

RESPONSIBLE OFFICIAL QUALIFICATIONS <small>(https://www.scdhec.gov/sites/default/files/media/document/R.61-62.70_20190125_0.pdf#page=8)</small>
<p>For a corporation: A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:</p> <ul style="list-style-type: none"> (i) The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or (ii) The delegation of authority to such representative is approved in advance by the Department.
<p>For a partnership or sole proprietorship: A general partner; or the proprietor, respectively.</p>
<p>For a municipality, state, federal, or other public agency: Either a principal executive officer; or ranking elected official. For the purposes of this Part, a principal executive officer of a federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (for example, a Regional Administrator of EPA).</p>
<p>For affected sources: The designated representative in so far as actions, standards, requirements, or prohibitions under the Title IV acid rain requirements of the Act or the regulations promulgated thereunder are concerned; and the designated representative for any other purposes under Part 70.</p>

This form is subject to Retention Schedule 16303.



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FACILITY IDENTIFICATION		
Facility Name <i>(This should be the name listed on your Title V Permit)</i>	SC Air Permit Number <i>(8-digits only)</i>	Notification Date

DESIGNATED RESPONSIBLE OFFICIAL			
Action:	<input type="checkbox"/> Add RO	<input type="checkbox"/> Update Current RO Information	<input type="checkbox"/> Remove a Current RO
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:	State:	Zip Code:	
E-mail Address:	Phone No.:	Cell No.:	
Reason <i>(Only provide if removing a RO)</i>			

Action:	<input type="checkbox"/> Add RO	<input type="checkbox"/> Update Current RO Information	<input type="checkbox"/> Remove a Current RO
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:	State:	Zip Code:	
E-mail Address:	Phone No.:	Cell No.:	
Reason <i>(Only provide if removing a RO)</i>			

Action:	<input type="checkbox"/> Add RO	<input type="checkbox"/> Update Current RO Information	<input type="checkbox"/> Remove a Current RO
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:	State:	Zip Code:	
E-mail Address:	Phone No.:	Cell No.:	
Reason <i>(Only provide if removing a RO)</i>			

Action:	<input type="checkbox"/> Add RO	<input type="checkbox"/> Update Current RO Information	<input type="checkbox"/> Remove a Current RO
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:	State:	Zip Code:	
E-mail Address:	Phone No.:	Cell No.:	
Reason <i>(Only provide if removing a RO)</i>			

RESPONSIBLE OFFICIAL SIGNATURE			
<i>(Any Designated Responsible Official for the facility can sign form)</i>			

Title/Position:	Salutation:	First Name:	Last Name:
As a duly authorized representative of this facility, with the responsibility to ensure that this facility is in compliance with the requirements of the operating permit issued by the Department, I certify that the information in this form is true, accurate, and complete.			

Signature of Responsible Official

Date