



Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535-4649

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www.avaqmd.ca.gov

Request to Cancel a Permit to Operate (PTO)

Permit Issued to:

Equipment Location:

Permit #:

Date Issued:

Equipment Description:

Cancellation of the permit described above is hereby requested for the following reason:

- Equipment sold, replaced, destroyed, or removed from premises
- Equipment will no longer be used
- Equipment is exempt from permit required by Rule 219
- The old permit was replaced by a statewide permit. (If so, please attach copies of statewide permits.)
- Other: _____

IT IS UNDERSTOOD THAT ANY FUTURE USE OF THIS EQUIPMENT MAY REQUIRE A NEW PERMIT APPLICATION IN ACCORDANCE WITH THE LAWS THEN IN EFFECT.

Signature, responsible member of organization

Title

Printed Name

Date

Telephone Number

AVAQMD Use Only

Signature of Engineering Supervisor

Date