

To be filled in by AQ Staff
Submittal Date.: _____
Reviewed by: _____
Approved Date: _____
Denial Date: _____

**APPLICATION FOR FEE DEFERRAL FOR AN AIR QUALITY STATIONARY SOURCE  
PERMIT TO OPERATE**

Return to: Washoe County Health District  
Air Quality Management Division  
1001 E Ninth Street, B-171  
Reno, Nevada 89512  
(775) 784-7200 FAX (775) 784-7225      Email: [aqmdpermitting@washoecounty.us](mailto:aqmdpermitting@washoecounty.us)

---

Please note that once the request for deferral has been received it will be processed within 30 days. The applicant will be notified via email regarding the status of the application. If an email address is not supplied, a letter will be sent to the mailing address provided. Application may be submitted by mail, fax or email.

---

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

**Permitted Facility:**

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

Mailing Address: \_\_\_\_\_

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

**Contact Information:**

Name of individual requesting fee deferral: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Justification for Deferral Request:**

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact the Air Quality Management office at 775-784-7200, Monday through Friday, 8:00 a.m. – 5:00 p.m.