



ALBUQUERQUE ENVIRONMENTAL HEALTH DEPARTMENT - AIR QUALITY DIVISION
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Website: <http://www.cabq.gov/airquality/>

Email Address: aqdei@cabq.gov

Facility Responsible Official

Facility Details

Facility ID: _____
 Facility Name: _____
 Facility Location: _____

Responsible Official Name: _____
 Title: _____
 Street 1 _____
 Street 2 _____
 City, State and Zip code _____
 Telephone (Area Code + Number): _____
 E-Mail: _____
 Fax number: _____

I, the undersigned, agree to protect the electronic reporting signature credentials from compromise. I further agree to report any evidence that the credentials have been compromised as soon as possible. I understand that a signature executed with the credentials has the same legal force as a handwritten signature.

Responsible Official

ACKNOWLEDGMENT

For each signatory:

STATE OF NEW MEXICO
 COUNTY OF _____

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

Signature of Notary Public

SEAL

My Commission Expires on: _____