



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality
LPA/CPA AA (BWP AQ 34)
Administrative Amendment of Previously Issued LPA or CPA

Transmittal Number _____

Facility ID
(From Existing LPA/CPA) _____

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information (site or works at which the regulated activity occurs)

Facility Name _____

Street Address _____

City/Town _____

MA _____

State _____

ZIP Code _____

MassDEP Account # / FMF Facility # (if Known) _____

Facility AQ # / SEIS ID # (From Existing LPA/CPA) _____

Standard Industrial Classification (SIC) Code _____

North American Industry Classification System (NAICS) Code _____

Mailing Address:

Street/P.O. Box _____

City/Town _____

State _____

ZIP Code _____

Facility Contact Person _____

Contact Person Title _____

Telephone Number _____

Email Address (Optional) _____

B. Reason(s) for Submission: (check all that apply)

- ☐ Change in business name, facility name, mailing address, telephone number, or name of facility contact.
- ☐ Change in ownership of the facility that is subject to the plan approval.
- ☐ Increase in frequency of recordkeeping, monitoring, reporting or testing above that previously specified in the plan approval.
- ☐ Correction of typographical errors.

Effective Date of Change(s): _____

Date (MM/DD/YYYY) _____

C. Explain Reason(s) for Submission in Detail: (continue on separate attachment, if necessary)



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D. Certification

This Form must be signed by a Responsible Official working at the location of the facility. Even if an agent has been designated to fill out this Form, the Responsible Official must sign it. (Refer to the definition given in 310 CMR 7.00.)

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Responsible Official Name (Type or Print)

Responsible Official Signature

Responsible Official Title

Responsible Official Company/Organization Name

Date (MM/DD/YYYY)

This Space Reserved for
MassDEP Approval Stamp.