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# AQ33 - LPA/CPA Consolidation Application

MassDEP, Bureau of Air & Waste



**EEA ePlace Portal**

# Overview



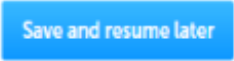

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- ❑ This presentation is to assist in completing a new **AQ33 - LPA/CPA Consolidation Application**
- ❑ Purpose of this application is to obtain a consolidated plan approval to streamline a facility's emission unit requirements
- ❑ Applying for and obtaining a consolidated plan approval is to enhance the compliance efforts of the owner/operator of a regulated facility. In many instances, there are numerous applicable requirements for an emission unit or pollutant at a facility contained in plan approvals issued over time; and at times there can be duplicative requirements. An owner or operator now has the option to apply to the Department to streamline their facility's emission unit's requirements through the consolidation plan approval
- ❑ This presentation will take you screen by screen through the EEA ePLACE online permitting application process



# General Navigation

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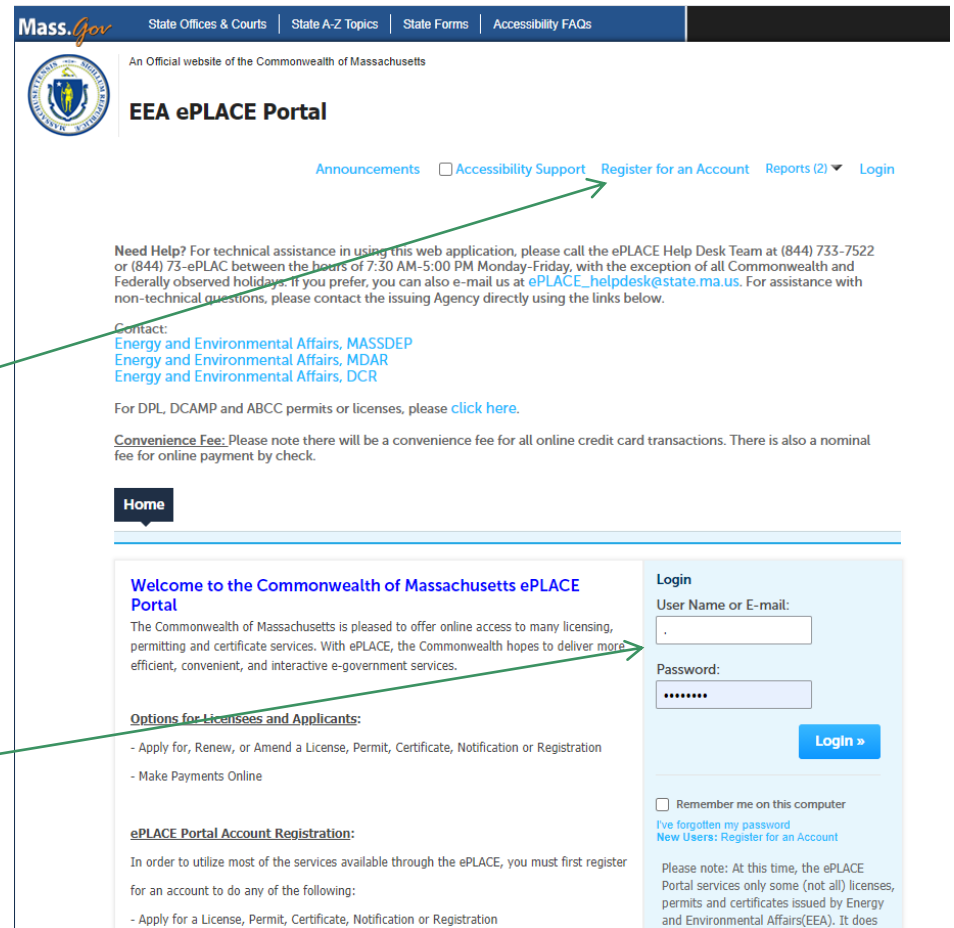
- ❑ Always Click  to move to the next page.
- ❑ Do NOT use the Browser Back Button  as this will take you out of the system
- ❑ Any field with a red asterisk (\*) is required before you can move off the page.
- ❑ Click  to save your work and resume at a later time.
- ❑ Click on the tool tips where applicable to get more details. 
- ❑ Suggested preferred browsers are Chrome and Microsoft Edge



# How to Apply

## First time users:

- ❑ Click or type this address on your browser:  
<https://eplace.eea.mass.gov/citizenaccess>
- ❑ Follow the prompts to create a new user account
- ❑ Log into your account in EEA ePlace using your username/password



Mass.gov State Offices & Courts State A-Z Topics State Forms Accessibility FAQs

An Official website of the Commonwealth of Massachusetts

### EEA ePLACE Portal

Announcements ☐ Accessibility Support [Register for an Account](#) Reports (2) Login

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at [ePLACE\\_helpdesk@state.ma.us](mailto:ePLACE_helpdesk@state.ma.us). For assistance with non-technical questions, please contact the issuing Agency directly using the links below.

Contact:  
[Energy and Environmental Affairs, MASSDEP](#)  
[Energy and Environmental Affairs, MDAR](#)  
[Energy and Environmental Affairs, DCR](#)

For DPL, DCAMP and ABCC permits or licenses, please [click here](#).

**Convenience Fee:** Please note there will be a convenience fee for all online credit card transactions. There is also a nominal fee for online payment by check.

[Home](#)

#### Welcome to the Commonwealth of Massachusetts ePLACE Portal

The Commonwealth of Massachusetts is pleased to offer online access to many licensing, permitting and certificate services. With ePLACE, the Commonwealth hopes to deliver more efficient, convenient, and interactive e-government services.

**Options for Licensees and Applicants:**

- Apply for, Renew, or Amend a License, Permit, Certificate, Notification or Registration
- Make Payments Online

**ePLACE Portal Account Registration:**

In order to utilize most of the services available through the ePLACE, you must first register for an account to do any of the following:

- Apply for a License, Permit, Certificate, Notification or Registration

**Login**

User Name or E-mail:

Password:

[Login »](#)

☐ Remember me on this computer

[I've forgotten my password](#)  
[New Users: Register for an Account](#)

Please note: At this time, the ePLACE Portal services only some (not all) licenses, permits and certificates issued by Energy and Environmental Affairs(EEA). It does



EEA ePlace Portal

# File an Online Application

❑ Click here to start

The screenshot shows the EEA ePlace Portal interface. At the top, there is a dark blue 'Home' button. Below it is a light blue navigation bar with three buttons: 'Dashboard', 'My Records', and 'My Account'. The main content area has a white background. It starts with a 'Welcome TEST TESTING' message, followed by 'You are now logged in to the Commonwealth's EEA ePlace Portal.' Below this is a section titled 'What would you like to do?' with three bullet points: '- New License, Permit, Certificate, Notification or Registration [Click Here](#)', '- Renew License, Permit, Certificate or Registration (select "My Records" above)', and '- Amend License, Permit, Certificate or Registration (select "My Records" above)'. A 'Please note' section follows, stating that the portal only services some licenses, permits, certificates, and registrations issued by EEA, and does not service other types of licenses or permits issued by the Commonwealth or its agencies/municipalities. On the right side of the main content area, there is a large blue button labeled 'File an Online Application'. A green arrow points from the text 'Click here to start' to this button.

Home

Dashboard My Records My Account

**Welcome TEST TESTING**  
You are now logged in to the Commonwealth's EEA ePlace Portal.

**What would you like to do?**

- New License, Permit, Certificate, Notification or Registration [Click Here](#)
- Renew License, Permit, Certificate or Registration (select "My Records" above)
- Amend License, Permit, Certificate or Registration (select "My Records" above)

**Please note:** At this time, the EEA ePLACE Portal services only some (not all) licenses, permits, certificates and Registrations issued by Energy and Environmental Affairs(EEA). It does not service any other type of license or permit that is issued or approved by the Commonwealth or any of its agencies or municipalities. This Portal will not service any federal licenses or permits.

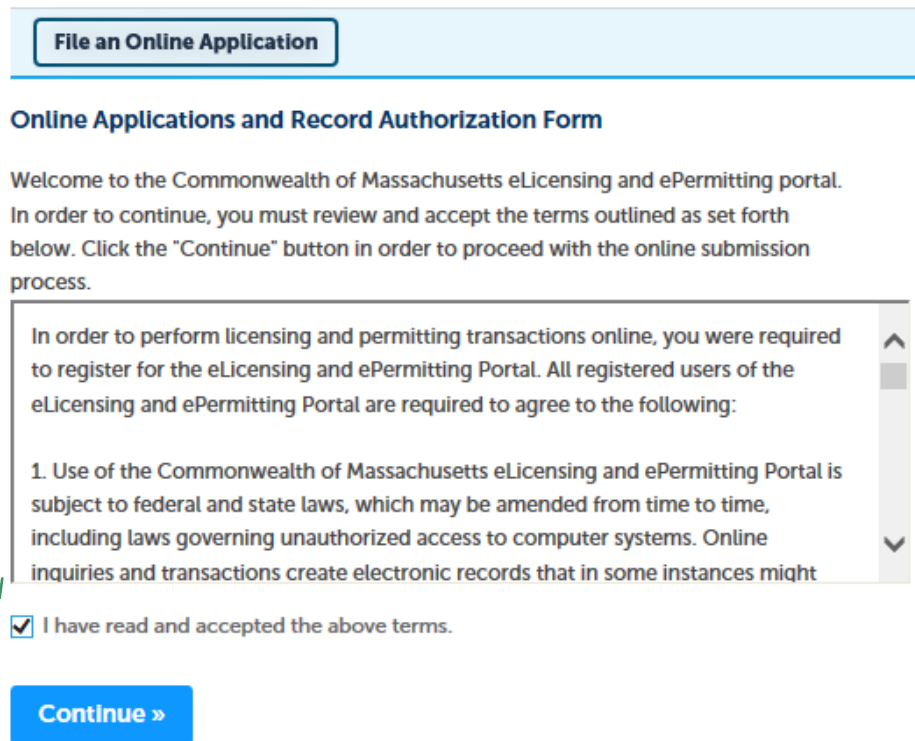
**File an Online Application**



**EEA ePlace Portal**

# File an Online Application

- ❑ Read and accept the Terms and Conditions
- ❑ Click the checkbox and click “Continue”



**File an Online Application**

### Online Applications and Record Authorization Form

Welcome to the Commonwealth of Massachusetts eLicensing and ePermitting portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might

☒ I have read and accepted the above terms.

**Continue »**



# Apply for an AQ33 Application

- ❑ Click on “Apply for a DEP Authorization-Air Quality (AQ) to expand the list of applications
- ❑ You can also search for the application on the search bar field

Home

Dashboard My Records My Account

## Commonwealth of Massachusetts EEA ePLACE (ePermitting) Online Services

New Applicants:  
The Commonwealth of Massachusetts EEA ePLACE (ePermitting) portal provides the ability to file applications for licenses, permits, certificates, notifications and registrations. From the listing below, please click on the appropriate link to expand the options, select the service that you would like to use and click the continue button.

Existing Applicants:  
Click Home and use the "My Records" tab to renew or amend a license, permit, certification or registration. If they are not listed under the "My Records" tab, please select the "Link your account" option found in section below. You will be prompted for a "record identification code" and "authorization code." from the Account Link notification you received. If you have not received a notification letter, please contact the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLACE between the hours of 7:30 AM - 5:00 PM Monday-Friday.

For easier and quicker way to find your application from the list below, Use Search Bar. Type in the name of your application or a keyword in the search field and click search for results.

- ▶ Apply for a DCR Authorization - Construction and Vehicle Access Permits
- ▶ Apply for a DCR Authorization - Special Use Permits
- ▶ **Apply for a DEP Authorization - Air Quality (AQ)**
- ▶ Apply for a DEP Authorization - Drinking Water (DW)
- ▶ Apply for a DEP Authorization - Hazardous Waste (HW)
- ▶ Apply for a DEP Authorization - NPDES (WM)
- ▶ Apply for a DEP Authorization - Laboratory Certification Program (LES)
- ▶ Apply for a DEP Authorization - Solid Waste (SW)
- ▶ Apply for a DEP Authorization - Toxic Use Reduction (TUR)
- ▶ Apply for a DEP Authorization - Watershed Management (WM)
- ▶ Apply for a DEP Authorization - Water Pollution Residuals (WP)
- ▶ Apply for a DEP Authorization - Water Pollution Wastewater (WP)
- ▶ Apply for a DEP Authorization - Waterways Chapter 91 (WW)
- ▶ Apply for a DEP Authorization - 401 Water Quality Certification (WW)
- ▶ Apply for a MDAR Authorization
- ▶ Apply for an EEA General Request
- ▶ Link Your Account - For MassDEP Only
- ▶ Other



# Apply for an AQ33 Application

- ❑ Select “AQ33 - LPA/CPA Consolidation Application” and click continue at the bottom of the page to start your application

- ▼ Apply for a DEP Authorization - Air Quality (AQ)
  - ☐ AQ - General Administrative Amendment
  - ☐ AQ 50% or 25% Facility Emission Cap Application
  - ☐ AQ01 - Limited Plan Approval for Fuel Utilization Emission Unit(s) Application
  - ☐ AQ01 - Limited Plan Approval for Process Emission Unit(s) Application
  - ☐ AQ01M - Permit Maintenance Application
  - ☐ AQ02 - Comprehensive Plan Approval Crematory Application
  - ☐ AQ02 - Non-Major Comprehensive Plan Approval Fuel Application
  - ☐ AQ02 - Non-Major Comprehensive Plan Approval Process Application
  - ☐ AQ03 - Major Comprehensive Plan Approval Fuel Application
  - ☐ AQ03 - Major Comprehensive Plan Approval Process Application
  - ☐ AQ09 - Restricted Emission Status Application
  - ☐ AQ14 - Initial Operating Permit Application
  - ☐ AQ18 - Creation of Emission Reduction Credits Application
  - ☐ AQ30 - CO2 Budget Emission Control Plan Application
  - ☐ **AQ33 - LPA/CPA Consolidation Application**
  - ☐ AQ34 - LPA or CPA Administrative Amendment
  - ☐ AQMM - Modeling Submittal Application
  - ☐ AQ08A - Emission Control Plan Application
  - ☐ AQ08B - Emission Control Plan Application
  - ☐ AQ22 - Emission Control Plan Application
- Apply for a DEP Authorization - Drinking Water (DW)
- Apply for a DEP Authorization - Hazardous Waste (HW)
- Apply for a DEP Authorization - NPDES (WM)
- Apply for a DEP Authorization - Laboratory Certification Program (LES)
- Apply for a DEP Authorization - Solid Waste (SW)
- Apply for a DEP Authorization - Toxic Use Reduction (TUR)
- Apply for a DEP Authorization - Watershed Management (WM)
- Apply for a DEP Authorization - Water Pollution Residuals (WP)
- Apply for a DEP Authorization - Water Pollution Wastewater (WP)
- Apply for a DEP Authorization - Waterways Chapter 91 (WW)
- Apply for a DEP Authorization - 401 Water Quality Certification (WW)
- Apply for a MDAR Authorization
- Apply for an EEA General Request
- Link Your Account - For MassDEP Only
- Other





# Contact Information: Important NOTE

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- ❑ There are three contact sections in the next screen:
  - ❑ **Permittee:** the person or signatory authority responsible for signing and accepting all conditions of the Permit
    - ❑ If you are the Permittee, click “Add New” button and select the checkbox “Use Login Information”
    - ❑ If you are not the Permittee you have the option to Add New and enter all the Permittee Information or if the Permittee has an EEA ePlace account, then you have the option to look them up under “Look Up” option
  - ❑ **Permittee Company:** here enter the company information the Permittee is affiliated with, if applicable.
  - ❑ **Application Contributors:** use this section if multiple users will be coordinating in the preparation of this application
    - ❑ If you are unable to find the correct contributor, click on the “Save and resume later” button. Advise the contributor to create an account in the EEA ePLACE Portal and then resume the application.



# Step 1: Contact Information

- ❑ Add Permittee, please read the section instructions and add accordingly
- ❑ Add Permittee Company
- ❑ Look Up “Application Contributors”, if applicable
- ❑ Click “Continue Application” to proceed

1 Contact Information 2 Facility Information 3 Application Information 4 Special Fee Provision 5 Documents & Signatory 6 7

Step 1: Contact Information > Page 1 of 1

[Instructions](#)

**Permittee**

Permittee is the person or signatory authority whom is responsible for the application. If you are preparing the application on behalf of the Permittee, please select "I'm Permittee".

Note – If you are unable to find the correct Permittee, click on "save account in the EEA ePLACE Portal and then resume the application."

[I'm Permittee](#) [Look Up](#)

**Permittee Company**

Please add the company information that the Permittee is affiliated with.

[Add New](#)

**Application Contributors**

If multiple preparers will be part of filling out this application, you will need to add them here.

Note – If you are unable to find the correct Preparer, click on "save account in the EEA ePLACE Portal and then resume the application."

[Look Up](#)

Showing 0-0 of 0

| Contact Type      | Name | Organization |
|-------------------|------|--------------|
| No records found. |      |              |

[Continue Application »](#)

[Save and resume later](#)

**Please fill the below Information:**

☐ Use Login Information

\* Individual/Organization: Individual

\* First Name: Middle Name: Last Name:

\* Country: United States

\* E-mail: Telephone #: Ext #:

\* P.O. Box / Address Line:

\* City: State: Zip:

[Continue](#) [Clear](#) [Cancel](#)

**Please fill the below Information:**

\* Individual/Organization: Organization

\* Name Of Organization: Contact Person:

\* Country: United States

\* E-mail: Telephone #: Ext #:

\* Address Line 1:

\* City: State: Zip:

[Continue](#) [Clear](#) [Cancel](#)

**Search for Contact**

To search for individual contact, please enter First Name, Last Name, or Middle Name

First Name: Middle Name: Last Name:

[Look Up](#) [Clear](#) [Cancel](#)



# Step 2: Facility Information

- ❑ Add your Facility information
- ❑ Please read the instructions on how to find and add your facility
- ❑ Click "Continue Application" to proceed

|                       |                        |                           |                         |                         |   |   |
|-----------------------|------------------------|---------------------------|-------------------------|-------------------------|---|---|
| 1 Contact Information | 2 Facility Information | 3 Application Information | 4 Special Fee Provision | 5 Documents & Signatory | 6 | 7 |
|-----------------------|------------------------|---------------------------|-------------------------|-------------------------|---|---|

Step 2: Facility Information > Page 1 of 1

\* indicates a required field.

## Facility Information

Please identify the facility for this application. In the "Name" box enter the facility name or a part of it and then click the "Search" button to see a list of results. Click the button to the left of your facility and then click the "Select" button. If your facility is not on the list, click "Cancel" and try searching by address instead of Name. If you cannot find your facility, type in the data for the boxes with an asterisk and go on to the next section without clicking "Search". CAUTION some applications are restricted to existing Facilities and do not allow creating new ones. If you cannot find your Facility or add a new one, please contact the appropriate DEP Regional Office.

\* Facility Name:

\* Street #      \* Street Name:      Street Name 2

\* City:      \* State: MA      \* Zip:

Latitude      Longitude

DEP Facility ID:      AQ ID:      HW ID:

TRI ID:      LES ID:      PWS ID:

Search      Clear

Continue Application »

Facility(s)

Showing 1-12 of 120+

| Facility Name   Address   |
|---|
| <input checked="" type="radio"/> 7 ELEVEN 37580   664 UNION ST FRANKLIN MA 02038                |
| <input type="radio"/> ADVANCE AUTO PARTS 4972   250 ELM ST PITTSFIELD MA 01201                  |
| <input type="radio"/> AL O SONS SERVICE STATION   638 HIGH ST MEDFORD MA 02155                  |
| <input type="radio"/> ALL STEEL FABRICATING INC   84 CREEPER HILL RD GRAFTON MA 01536           |
| <input type="radio"/> ALLIED WASTE SERVICES OF MA LLC   22 NIGHTINGALE AVE QUINCY MA 02169      |
| <input type="radio"/> ALMEIDA AUTO BODY   20 OAK ST PITTSFIELD MA 01201                         |
| <input type="radio"/> ALPHA GRAINGER MANUFACTURING INC   20 DISCOVERY WAY FRANKLIN MA 02038     |
| <input type="radio"/> ATTLEBORO WEST ST WTP   1296 WEST ST ATTLEBORO MA 02703                   |
| <input type="radio"/> BAY STATE SPRING CORP   1864 MAIN ST HOLDEN MA 01520                      |
| <input type="radio"/> BETH ISRAEL DEACONESS HOSPITAL NEEDHAM   148 CHESTNUT ST NEEDHAM MA 02192 |
| <input type="radio"/> BIRD PRECISION   1 SPRUCE ST WALTHAM MA 02454                             |
| <input type="radio"/> BLANDFORD   0 MAIN ST BLANDFORD MA 01006                                  |

< Prev 1 2 3 4 5 6 7 8 9 10 ... Next >

Select Cancel



# Step 3: Application Information

- ❑ Describe the facility and it's proposed plan approval consolidation
- ❑ Add rows to the “Emission Unit Overview” table for each emission unit that will be included in the consolidated plan approval
- ❑ Click “Continue Application” to proceed

|                       |                        |                           |                         |                         |   |   |
|-----------------------|------------------------|---------------------------|-------------------------|-------------------------|---|---|
| 1 Contact Information | 2 Facility Information | 3 Application Information | 4 Special Fee Provision | 5 Documents & Signatory | 6 | 7 |
|-----------------------|------------------------|---------------------------|-------------------------|-------------------------|---|---|

Step 3: Application Information > Page 1 of 4

\* indicates a required field.

## Scope and Proposal for Consolidation

Only non operating permit source can file this application

Description of Facility and Proposed Plan Approval Consolidation:

\* Do you plan to attach a longer description?:

☐ Yes ☐ No

## Scope and Proposal for Consolidation

### EMISSION UNIT OVERVIEW

Identify in the table below the emission units with requirements proposed to be consolidated or streamlined

Showing 0-0 of 0

| Emission Unit(s) #   |
|--|
| No records found.  |
| <a href="#">Add a Row</a> <a href="#">Edit Selected</a> <a href="#">Delete</a> |

[Continue Application »](#)

**EMISSION UNIT OVERVIEW**  
Identify in the table below the emission units with requirements proposed to be consolidated or streamlined

\* Emission Unit(s) #:

\* PCD # (if any):

\* Stack # (if any):

\* Description:

Submit

Cancel



# Step 3: Application Information

- ❑ Edit each row indicated with an exclamation point to provide all required information
- ❑ Check the box for each row
- ❑ Click “Edit”
- ❑ Fill all the required fields accordingly
- ❑ Click “Continue Application” to proceed

## AQ33 - LPA/CPA Consolidation Application

|   |                     |   |                      |   |                         |   |                       |   |                       |   |   |
|---|---------------------|---|----------------------|---|-------------------------|---|-----------------------|---|-----------------------|---|---|
| 1 | Contact Information | 2 | Facility Information | 3 | Application Information | 4 | Special Fee Provision | 5 | Documents & Signatory | 6 | 7 |
|---|---------------------|---|----------------------|---|-------------------------|---|-----------------------|---|-----------------------|---|---|

Step 3: Application Information > Page 2 of 4

\* indicates a required field.

### Scope and Proposal for Consolidation

#### APPLICABLE REQUIREMENTS

Identify for each emission unit the current applicable requirements including emission limits and the source of those requirements



For each of the indicated rows, please click Edit from the Actions drop-down menu, or check the box next to an indicated row, and click "Edit Selected", to enter the required information.

Showing 1-1 of 1

| <input type="checkbox"/>                           | Emission Unit(s) # | Air Contaminant | Specify if other | Requirement | Source of Requirement | Actions                    |
|--|--------------------|-----------------|------------------|-------------|-----------------------|----------------------------|
| <input type="checkbox"/>                           | 123                |                 |                  |             |                       | <div>Edit<br/>Delete</div> |
| <div>Add a Row Edit Selected Delete Selected</div> |                    |                 |                  |             |                       |                            |

Continue Application >

Save and resume later

#### APPLICABLE REQUIREMENTS

Identify for each emission unit the current applicable requirements including emission limits and the source of those requirements

\*Emission Unit(s) #: 123  
\*Air Contaminant: --Select--  
Specify if other:  
\*Requirement:  
\*Source of Requirement:

Submit

Cancel



EEA ePlace Portal

## Step 3: Application Information

- ❑ Edit each row indicated with an exclamation point to provide all required information
- ❑ Check the box for each row
- ❑ Click “Edit”
- ❑ Fill all the required fields accordingly
- ❑ Click “Continue Application” to proceed



# EEA ePlace Portal

### AQ33 - LPA/CPA Consolidation Application

|                     |                      |                         |                       |                       |   |   |
|---------------------|----------------------|-------------------------|-----------------------|-----------------------|---|---|
| 1                   | 2                    | 3                       | 4                     | 5                     | 6 | 7 |
| Contact Information | Facility Information | Application Information | Special Fee Provision | Documents & Signatory |   |   |


Step 3: Application Information > Page 3 of 4

\* indicates a required field.

## Scope and Proposal for Consolidation

## LIMITATIONS

Detail the most stringent emission limitation and/ or the standards, appropriate monitoring, associated recordkeeping and reporting and such other proposed conditions as are necessary to assure compliance with the applicable requirements. If you require additional time to implement the streamlined terms and conditions, please attach an implementation schedule. Until the consolidation is approved, all current recordkeeping, monitoring and reporting requirements will continue in force.


 For each of the indicated rows, please click Edit from the Actions drop-down menu, or check the box next to an indicated row, and click "Edit Selected", to enter the required information.

Showing 1-1 of 1

| <input type="checkbox"/> | Emission Unit(s)<br># | Air<br>Contaminant | Specify if<br>other | Proposed Operational, Production or<br>Emission limit | Special<br>Conditions |                         |
|--------------------------|-----------------------|--------------------|---------------------|---|-----------------------|-------------------------|
| <input type="checkbox"/> | 123                   |                    |                     |   |                       | <a href="#">Actions</a> |

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

### MONITORING & RECORD KEEPING

 For each of the indicated rows, please click Edit from the Actions drop-down menu, or check the box next to an indicated row, and click "Edit Selected", to enter the required information.

Showing 1-1 of 1

| <input type="checkbox"/> | Emission Unit(s) # | Air Contaminant | Specify if other | Proposed Monitoring | Proposed Recordkeeping | Proposed Reporting |           |
|--------------------------|--------------------|-----------------|------------------|---------------------|------------------------|--------------------|-----------|
| <input type="checkbox"/> | 123                |                 |                  |                     |                        |                    | Actions ▼ |

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

[Continue Application »](#)

**Save and resume later**

# Step 3: Application Information

- ☐ Indicate if you will be attaching an implementation schedule. Check the appropriate box accordingly

- ☐ Click "Continue Application" to proceed

## AQ33 - LPA/CPA Consolidation Application

|   |                     |   |                      |   |                         |   |                       |   |                       |   |  |   |  |
|---|---------------------|---|----------------------|---|-------------------------|---|-----------------------|---|-----------------------|---|--|---|--|
| 1 | Contact Information | 2 | Facility Information | 3 | Application Information | 4 | Special Fee Provision | 5 | Documents & Signatory | 6 |  | 7 |  |
|---|---------------------|---|----------------------|---|-------------------------|---|-----------------------|---|-----------------------|---|--|---|--|

Step 3: Application Information > Page 4 of 4

\* indicates a required field.

### Implementation Schedule

Propose a schedule for implementing any new monitoring/ compliance approach relevant to a consolidated plan approval if you will require additional time to implement streamlined terms and conditions. All current recordkeeping, monitoring and reporting requirements (applicable requirements) will continue to apply until the new monitoring/ compliance approach is operational.

Schedule Attached:

☐

No Schedule Required:

☐

Continue Application »

Save and resume later



# Step 4: Special Fee Provision

- ☐ If Special Fee Provision is applicable, check the appropriate box and provide requested information
- ☐ Click “Continue Application” to proceed

|   |                        |                           |                         |                         |          |   |
|---|------------------------|---------------------------|-------------------------|-------------------------|----------|---|
| 1 | 2 Facility Information | 3 Application Information | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 |
|---|------------------------|---------------------------|-------------------------|-------------------------|----------|---|

Step 4: Special Fee Provision > Page 1 of 1

\* indicates a required field.

### Special Fee Provision

Check if applicable:

Exemption: ?

☐

Exclusion (special agreement or policy): ?

☐

Substitution (ASP/IRP): ?

☐

Double Fee for Enforcement: ?

☐

Hardship payment extension request: ?

☐

[Continue Application »](#)

[Save and resume later](#)





# Step 5: Documents

- ❑ Upload all required documents for your application
- ❑ The required documents will be listed on the table
- ❑ To begin attaching documents, click “Browse”

## AQ33 - LPA/CPA Consolidation Application

|   |   |                           |                         |                         |          |                         |
|---|---|---------------------------|-------------------------|-------------------------|----------|-------------------------|
| 1 | 2 | 3 Application Information | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 Application Submitted |
|---|---|---------------------------|-------------------------|-------------------------|----------|-------------------------|

### Step 5: Documents & Signatory > Page 1 of 2

\* indicates a required field.

#### List of Documents

Documents:

**Please upload 2 Required Document(s) which are mandatory to submit this Application:**

1. Copies of previous plan approvals subject to this consolidation
2. Implementation Schedule

#### Attach Documents

When uploading file document(s) the maximum file size allowed is 50 MB.

The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.

The document 'Description' MUST NOT exceed 50 characters in length.

Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

.bat;.bin;.dll;.exe;.js;.msi;.sql;.vbs;.ade;.adp;.chm;.cmd;.com;.cpl;.hta;.ins;.isp;.jar;.jse;.lib;.lnk;.mde;.msc;.msp;.mst;.php;.pif;.scr;.sct;.shb;.sys;.vb;.vbe;.vxd;.wsc;.wsf;.wsh are disallowed file types to upload.

| Name              | Type | Size | Latest Update | Description | Action |
|-------------------|------|------|---------------|-------------|--------|
| No records found. |      |      |               |             |        |

Browse

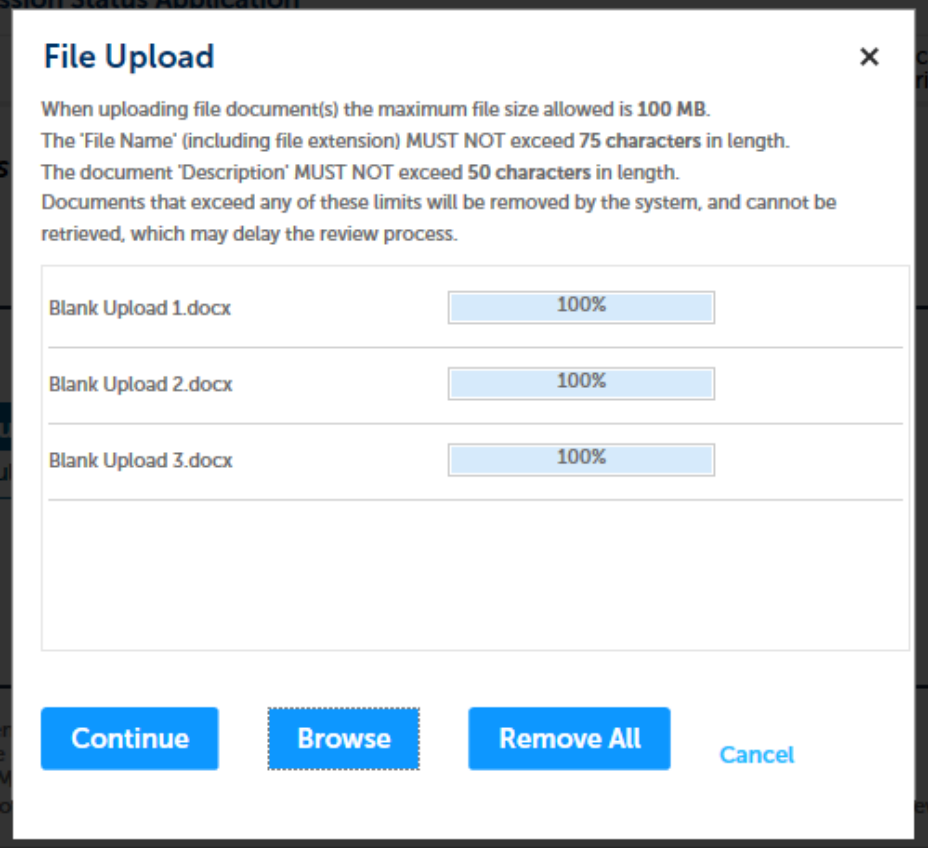
Continue Application »

Save and resume later



## Step 5: Documents (Attaching)

- ❑ A “File Upload” window opens
- ❑ Click “Browse”
- ❑ Choose the file(s) you want to attach.
- ❑ When all files reach 100%, click “Continue”



**File Upload** [X]

When uploading file document(s) the maximum file size allowed is **100 MB**.  
The 'File Name' (including file extension) **MUST NOT** exceed **75 characters** in length.  
The document 'Description' **MUST NOT** exceed **50 characters** in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

|                     |      |
|---------------------|------|
| Blank Upload 1.docx | 100% |
| Blank Upload 2.docx | 100% |
| Blank Upload 3.docx | 100% |

[Continue] [Browse] [Remove All] [Cancel]



# Step 5: Documents (Attaching)

- ☐ Select the document type
- ☐ Provide a description of each document that you uploaded
- ☐ Click “Browse” to add more documents
- ☐ When all documents are uploaded and described, click “Save”

\*Type: --Select--

File:  
invite\_1 - Copy - Copy - Copy.png  
100%

\*Description (Maximum 50 characters):  
A maximum of 50 characters.

---

\*Type: --Select--

File:  
invite\_1 - Copy - Copy (2).png  
100%

\*Description (Maximum 50 characters):  
A maximum of 50 characters.

---

\*Type: --Select--

File:  
invite\_1 - Copy - Copy.png  
100%


\*Description (Maximum 50 characters):  
A maximum of 50 characters.

**Save** **Browse** **Remove All**



# Step 5: Documents (Attaching)

- ❑ You should see a message that you have successfully attached documents
- ❑ Review the list of attached documents
- ❑ When ready, click on “Continue Application” to proceed

**The attachment(s) has/have been successfully uploaded.**  
It may take a few minutes before changes are reflected.

AG33 - LPA/CPA Consolidation Application

|   |   |                           |                         |                         |          |                         |
|---|---|---------------------------|-------------------------|-------------------------|----------|-------------------------|
| 1 | 2 | 3 Application Information | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 Application Submitted |
|---|---|---------------------------|-------------------------|-------------------------|----------|-------------------------|

Step 5: Documents & Signatory > Page 1 of 2

\* indicates a required field.

List of Documents

---

Documents:

**Please upload 2 Required Document(s) which are mandatory to submit this Application:**

1. Copies of previous plan approvals subject to this consolidation

2. Implementation Schedule

Attach Documents

When uploading file document(s) the maximum file size allowed is 50 MB.  
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.  
.bat;.bin;.dll;.exe;.js;.msi;.sql;.vbs;.ade;.adp;.chm;.cmd;.com;.cpl;.hta;.ins;.isp;.jar;.jse;.lib;.lnk;.mde;.msc;.msp;.mst;.php;.pif;.scr;.sct;.shb;.sys;.vb;.vbe;.vxd;.wsc;.wsf;.wsh are disallowed file types to upload.

| Name                                | Type  | Size     | Latest Update | Description | Action                    |
|-------------------------------------|---|----------|---------------|-------------|---------------------------|
| <a href="#">invite_1.png</a>        | Implementation Schedule   | 88.12 KB | 02/07/2023    | test        | <a href="#">Actions ▼</a> |
| <a href="#">invite_1 - Copy.png</a> | Copies of previous plan approvals subject to this consolidation | 88.12 KB | 02/07/2023    | test        | <a href="#">Actions ▼</a> |

Browse

Continue Application »

Save and resume later



# Step 5: Permittee Signature

- ❑ If you indicated yourself as the “Permittee” for this application (refer to contact information slide) then complete the Signatory Authority section

## Permittee Signatory Authority

If you are the Permittee for this application, please fill the below section.

\* Organization Name:

\* Source of Signatory Authority:

\* Title:

- ❑ If you are not the Permittee, then please click on “Continue Application” to proceed

Continue Application »

Save and resume later



# Step 6: Review

- ❑ The entire application is shown on a single page for your review
- ❑ If you note something you want to change, click “Edit Application”
- ❑ Otherwise, continue to the bottom of the page

Home

DEP Applications

1 2 3 Application Information 4 Documents 5 Special Fee Provision 6 Review 7 Application Submitted

**Step 6: Review**

[Continue Application »](#) [Save and resume later](#)

Please review all the information before submitting. Once this application has been submitted, you will not be able to make changes. To make changes you will need to contact the agency directly.

**Review and Certification**

[Edit Application](#)

---

**Permittee**

Individual  
JONA KUCI  
1 Winter St.  
Boston, MA, 01208  
United States  
Use Login Information: Yes

Telephone #: 111-111-1111  
E-mail: jona.kuci@mass.gov

---

**Permittee Company**

---

**Application Contributors**

Showing 0-0 of 0

| Contact Type      | Name | Organization Name | Contact Person | Action |
|-------------------|------|-------------------|----------------|--------|
| No records found. |      |                   |                |        |

---

**Facility Information**

TEST | 1 Winter Street Boston MA 11111  
DEP Facility ID: mjh  
DEP Region: NE  
Message: null  
Facility Record ID: 21-FAC-017276

---

**Additional Information**

---

**Additional Information:**

**Documents**

Documents:

**Attachment**

Please upload 3 Required Document(s) which are mandatory to submit this Application: 1. Local Authority Approval 2. MassDEP Application Form 3. Site Plan



# Step 6: Review

- ☐ Read the Certification Statement
- ☐ Click the check box to complete your certification
- ☐ Click on “Continue Application” to proceed with the submittal of your application

## Application Submitter

Individual  
Testing Eipas  
Melrose, MA, 01928

Telephone #:123-123-2323  
E-mail:testing@eipas.com

If you are an Application Submitter (different from Permittee), you are agreeing to below language:  
I certify that I am familiar with the work proposed and that to the best of my knowledge and belief the information contained in this application is true, complete, and accurate.

If you are the Permittee, you are agreeing to below language:  
When submitting a modeling protocol, the modeler/preparer is the “applicant” and should check the “I am the applicant” certification below in order to finalize and submit this application. When submitting a modeling report (separate from the associated AQ02/03 Plan Application), the applicant is the entity that owns or operates (or will own/operate) the facility. This applicant should log in and check “I am the applicant” in order to finalize and submit the application.

☒ By checking this box, I agree to the above certification.

Date: 03/16/2023

[Continue Application »](#)

[Save and resume later](#)



# ATTENTION!!!

---

- ❑ If you are the Permittee for this Application, next the system will take you to the [Payment Step](#)
    - ❑ Once the payment is completed then the Agency will start review of your application
- 
- ❑ If you are not the Permittee for this Application, next the system will submit the initial application.
    - ❑ A notification will be sent to the Application Submitter and to the individual who is identified as the Permittee for this application.
    - ❑ Permittee must complete the [Permittee Certification Step](#)
    - ❑ Next the payment can be made either by the Permittee or Application Submitter
    - ❑ **NOTE** – The review of the application by Agency will start once the Permittee Certification and payment of the application are completed.





# Step 7: Pay Fees

- ❑ Both online payment and pay by mail are available
- ❑ Online payment will require a service charge
- ❑ Click the appropriate box to continue

## AQ33 - LPA/CPA Consolidation Application

|   |   |   |                         |                         |          |            |                         |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|
| 1 | 2 | 3 | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 Pay Fees | 8 Application Submitted |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|

### Step 7: Pay Fees

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

### Application Fees

| Fees              | Amount            |
|-------------------|-------------------|
| AQ33 Fee          | \$1,650.00        |
| <b>Total Fees</b> | <b>\$1,650.00</b> |

[Pay Online »](#)

[Pay by Mail »](#)



# Pay Online

- ❑ If you choose “Pay Online”, you will be brought to this screen
- ❑ Provide all payment and billing information
- ❑ Accept the terms and conditions and click submit
- ❑ You will be e-mailed a receipt

### Billing Information

First Name  
Enter First Name

Last Name  
Enter Last Name

Street  
Enter Street

City  
Enter City

State/Territory  
Select State

Zip  
Enter Zip

Phone Number  
( ) - -

Email  
Enter Email Address

Confirm Email  
Enter Email Address

### Payment Information

Credit/Debit Card Electronic Check/ACH

Card Type  
Select Card Type

Card Number  
TEST MODE

CVV Code  
123

Expiration  
01 2011

Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.  
☐ I Accept

#### Commonwealth of Massachusetts Terms Agreement

I authorize the charge to my credit card for the amount shown above. I agree to pay the total amount above according to the card issuer agreement. By checking the box below, I certify that I am an authorized user for the above referenced credit card account.

[nCourt Terms Agreement](#)

Back

Please Verify above information before the Submit Payment Button is pressed. Do not click Submit Payment button more than one time.



# Pay by Mail

---

- ☐ If you choose “Pay by mail”
- ☐ Check your email for instructions
- ☐ Your application will not be reviewed until payment is received

**Payment online:** If you have paid online by credit or ACH you will receive an additional notification from the epayment vendor that your payment is complete. Review of your application will begin. That notification will include a Reference ID # for your records.

**Pay by Mail:** If you chose the "Pay by Mail" option, please make your payment in the form of a check or money order made payable to the Commonwealth of Massachusetts. Do not send cash. You must include your Application Number 20-WM05-0047-APP on the check or money order that must be sent to the address below.

Department of Environmental Protection  
PO Box 4062  
Boston, MA 02211

*Review of your application will not begin until after your payment has been received and processed.*



# Step 8: Submission Successful!

- ❑ When you submit your application, you will receive a Record ID so you can track the status of your application online
- ❑ Upon submission of your application please make sure to check your email for system notifications

## AQ33 - LPA/CPA Consolidation Application

|   |   |   |                         |                         |          |            |                         |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|
| 1 | 2 | 3 | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 Pay Fees | 8 Application Submitted |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|

### Step 8: Application Submitted



Successfully Completed.

Thank you for using our online services.  
**Your Record Number is 23-AQ33-0004-APP.**

You will need this number to check the status of your application.




# Permittee Certification

- ❑ If you are not the Permittee for this Application, system will send a notification from [eipas@mass.gov](mailto:eipas@mass.gov)
- ❑ Review the email and follow all steps accordingly

Application Submission Notification 23-AQ33-0005-APP

 EIPAS <eipas@mass.gov>  
To: Kalagarla, Sneha (EEA)

 AQ33-POR\_20230207\_165727.pdf  
48 KB

NOTICE DATE: 2/7/2023

Thank you for submitting your online application form for record type: AQ33 - LPA/CPA Consolidation Application. Your Record Number is: 23-AQ33-0005-APP.

Based on provided application's contact information, this application is required to be accepted by all parties below before the review process will begin. As the application submitter, SNEHA DEEPU L, please work with all parties to sign off certification applications which have been initiated. Also please refer to below instructions to continue:

**Please note:** Before accepting, review the attached Proof of Record, also to review the supporting attachments and the additional proof of records for the supplemental forms (if applicable), log in to EEA ePlace Portal and click on My Record tab. Click the Record Number provide above and click on Record Info and select Attachments to view all the additional documents.

When all certification applications are submitted, an updated notification will be sent out with further instructions.

**1. Permittee Certification:**

As the application's Permittee, **STEVE KENYON**, please review and submit the certification application **23TMP-000209**

*NOTE: All certification applications can be found by login to EEA ePLACE Portal and under My Records tab.*

You can track the progress of your submission through the review process at the following link: <https://testaca.eea.mass.gov/citizenaccess/>.

**Need Help using the Web Portal?** For technical assistance in using the portal <https://testaca.eea.mass.gov/citizenaccess/> to submit or access your application, please call the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federal observed holidays. If you prefer, you can also e-mail us at [ePLACE\\_helpdesk@state.ma.us](mailto:ePLACE_helpdesk@state.ma.us).

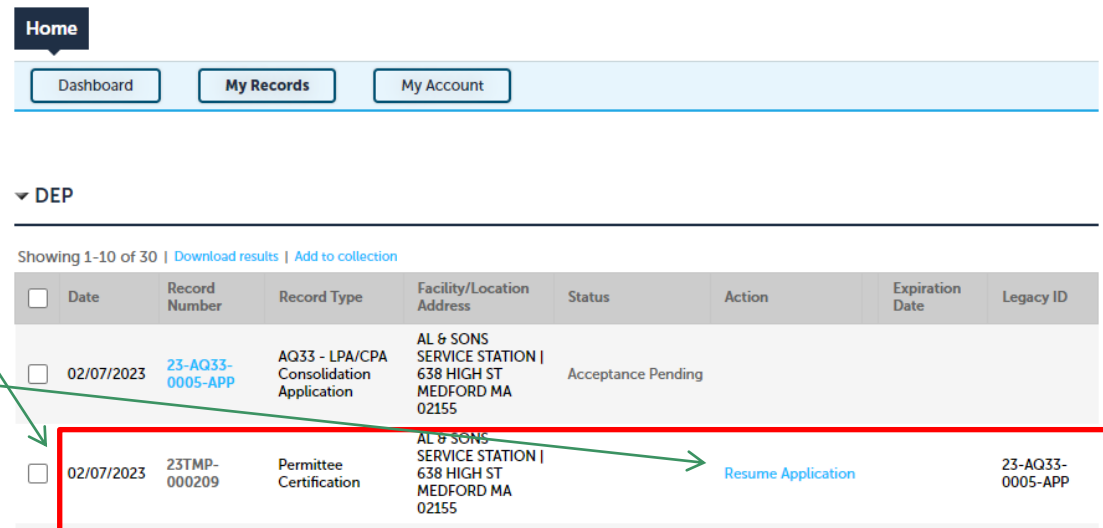
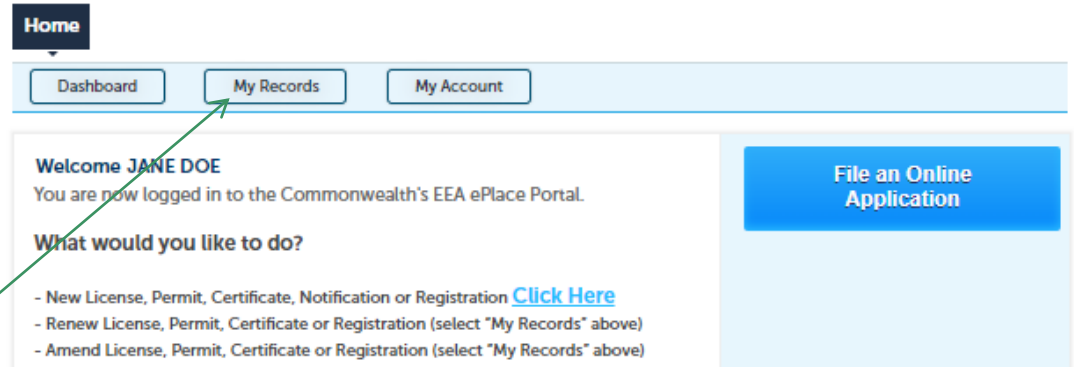


# Permittee Certification

- ❑ Log on to EEA ePlace portal
  - <https://eplace.eea.mass.gov/citizenaccess>
- ❑ Go to “My Records” page to the Permittee Certification Record
- ❑ The Permittee Certification Record will be listed along with its associated Application Number
- ❑ Select “Resume Application”



EEA ePlace Portal



# Permittee Certification

❑ The facility information and Application details are populated

❑ Please verify the information

**Permittee Certification**

|                           |          |                         |
|---------------------------|----------|-------------------------|
| 1 Application Information | 2 Review | 3 Application Submitted |
|---------------------------|----------|-------------------------|

**Step 1: Application Information > Page 1 of 1** \* indicates a required field.

**Facility Information**

Please identify the facility for this application. In the "Name" box enter the facility name or a part of it and then click the "Search" button to see a list of results. Click the button to the left of your facility and then click the "Select" button. If your facility is not on the list, click "Cancel" and try searching by address instead of Name. If you cannot find your facility, type in the data for the boxes with an asterisk and go on to the next section without clicking "Search". CAUTION some applications are restricted to existing Facilities and do not allow creating new ones. If you cannot find your Facility or add a new one, please contact the appropriate DEP Regional Office.

\* Facility Name:  
AL & SONS SERVICE STATION

\* Street #  
638

\* Street Name:  
HIGH ST

Street Name 2

\* City:  
MEDFORD

\* State:  
MA

\* Zip:  
02155

Latitude  
42.42032281

Longitude  
-71.14176082

DEP Facility ID:  
136363

AQ ID:

HW ID:  
MAD982199739

TRI ID:

LES ID:

PWS ID:

Search Clear

**Application Summary**

Application Number:  
23-AQ33-0005-APP

Application Name:  
AQ33 - LPA/CPA Consolidation Application

Application Submitted Date:  
02/07/2023



# Permittee Certification

- ❑ Review the Proof of Record i.e., copy of the submitted Application
- ❑ Please read the instructions and proceed accordingly
- ❑ Click “Continue Application” to proceed



EEA ePlace Portal

**Application Detail Report**

When uploading file document(s) the maximum file size allowed is 50 MB.  
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.  
The document 'Description' MUST NOT exceed 50 characters in length.  
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.  
.bat;.bin;.dll;.exe;.js;.msi;.sql;.vbs;.ade;.adp;.chm;.cmd;.com;.cpl;.hta;.ins;.isp;.jar;.jse;.lib;.lnk;.mde;.msc;.msp;.mst;.php;.pif;.scr;.sct;.shb;.sys;.vb;.vbe;.vxd;.wsc;.wsf;.wsh are disallowed file types to upload.

| Name                         | Type            | Size     | Latest Update | Description                               | Action    |
|------------------------------|-----------------|----------|---------------|---|-----------|
| AQ33-POR_20230207_165715.pdf | Proof of Record | 48.07 KB | 02/07/2023    | Application - 23-AQ33-0005-AP.. read more | Actions ▾ |

**Permittee Acceptance**

By accepting this application, you are certifying that you have reviewed the application (copy of application is attached in the above section). To review the additional supporting attachments and any additional proof of records for the supplemental forms (if applicable), please click save and resume button at the end of the page. When in the "My Records" page, click on the Record number for this application and click on "Record Info", select attachments to review the documents.

If you do not accept this application, please provide reason and work with the application submitter to make the necessary changes/updates.

• As the Permittee do you accept this application?:  
☒ Yes ☐ No

**Permittee Signatory Authority**

If you are the Permittee for this application, please fill the below section.

Organization Name: \*

Source of Signatory Authority: \*

Title: \*

**Permittee Certification**

**Certification Statement:**

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.

By checking this box, I agree to the above certification: \*

☐

Printed Name: \*

Date: \*

Continue Application »

Save and resume later



# Permittee Certification

- ❑ The entire application is shown on a single page for your review
- ❑ If you note something you want to change, click “Edit Application”
- ❑ Otherwise, click on “Continue Application” to proceed with the submittal of your application

Permittee Certification

1 Application Information 2 Review 3 Application Submitted

Step 2: Review

[Continue Application »](#) [Save and resume later](#)

Please review the information below prior to submission. After the application has been submitted, you will not be able to make changes. To make changes after submittal you must contact the Department directly.

Review and Certification

[Edit Application](#)

Facility Information

AL & SONS SERVICE STATION | 636 HIGH ST MEDFORD MA 02155  
DOP Facility ID: 136363  
DOP Region: NE  
HW ID: 660987090709  
Facility Record ID: 25-0AC-006581

Application Summary

Application Number: 25-AQ33-0005-APP  
Application Name: AQ33 - LPA/CFA Consolidation Application  
Application Submitted Date: 02/07/2025

Permittee Acceptance

As the Permittee do you accept this application? No  
Comment: text

Permittee Signatory Authority

Organization Name:  
Source of Signatory Authority:  
Title:

Permittee Certification

Certification Statement: 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.

By checking this box, I agree to the above certification: No

Printed Name:  
Date:

Permittee

Individual:  
JANE DOE  
1 West St  
Boston, MA 02118  
United States

Telephone #: 123-123-1234  
E-mail: jane.doe@gmail.com

[Continue Application »](#) [Save and resume later](#)



# Permittee Certification - Submission Successful!

- ❑ When you submit your certification, you will receive a Record ID as confirmation
- ❑ Upon submission of your certification the system will send a notification with the complete application which include the Proof of Record of submitted Application and Permittee Certification
- ❑ Read Instructions on this notification for payment options and steps

Home

DEP Applications

Permittee Certification

1 Application Information 2 Review 3 Application Submitted

Step 3: Application Submitted

Successfully Completed.

Thank you for using our online services.  
Your Record Number is 23-CERT-000017.

You will need this number to check the status of your application.

Application Submission Successful 23-AQ33-0005-APP

EIPAS <eipas@mass.gov>  
To: sneha9717@gmail.com, Kalagarla, Sneha (EEA); tevst@test.com

23-CERT-000018\_POR.pdf 60 KB 23-AQ33-0005-APP\_POR.pdf 49 KB

NOTICE DATE: 2/8/2023

Thank you for submitting all certification applications for record type: AQ33 - LPA/CPA Consolidation Application. Your Record Number is: 23-AQ33-0005-APP.

The application is now ready for Payment Processing. Please log back into the EEA ePLACE Portal. You will find your application number under My Records tab and can proceed to pay the permit fee by clicking on the Pay Fee Due link. More details on payment methods are below:

**Payment Online:** If you choose to pay online by credit or ACH you will receive an additional notification from the epayment vendor that your payment is complete. Review of your application will begin. That notification will include a Reference ID # for your records.

**Pay by Mail:** If you choose the "Pay by Mail" option, please make your payment in the form of a check or money order made payable to the Commonwealth of Massachusetts. Do not send cash. You must include your Record Number 23-AQ33-0005-APP on the check or money order that must be sent to the address below.

Department of Environmental Protection  
PO Box 4062  
Boston, MA 02211

Review of your application will not begin until after your payment has been received and processed.

Fee Exempt Status or Hardship Status Requested: If your application indicated a Fee Exempt Status, MassDEP will review your request. If your fee exempt status is not approved you will be contacted with instructions for paying the fee. If your application indicated a request for hardship status, your request will be reviewed and you will be contacted with the final determination.

To meet Federal Reporting requirements for EPA's Cross-Media Electronic Reporting Rule (CROMERR), you are required to print this entire email, and to sign the below certifying that you have submitted the Application identified in this email.

This form must be signed and mailed to the address below. Failure to complete this step may result in delay of review of your application.

I certify that I have submitted application # 23-AQ33-0005-APP

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return signed document to:  
MassDEP  
ePLACE Confirmations  
100 Cambridge St, Suite 900  
Boston, MA 02114



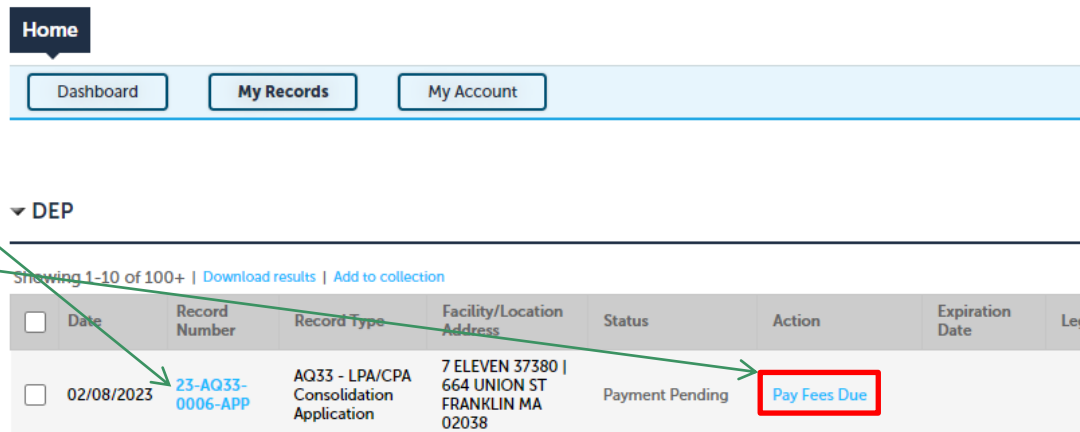
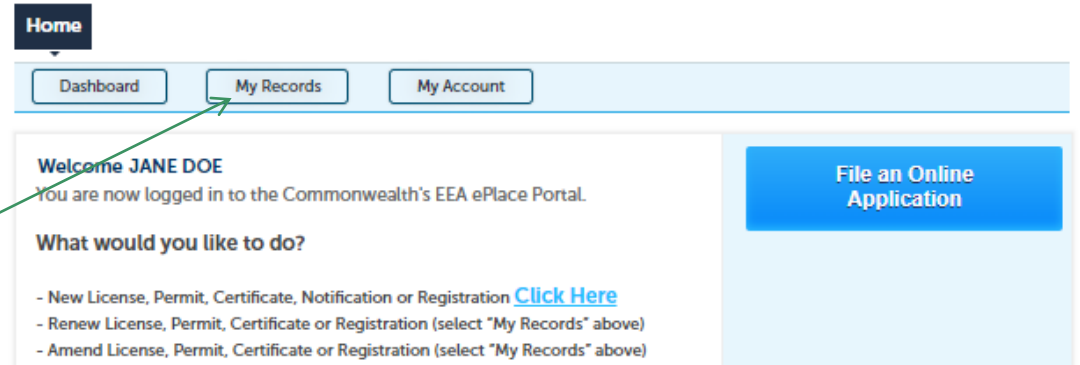
# To Pay Fees Online

- ❑ **Note** - The payment can be made either by the Permittee or Application Submitter

- ❑ Go to “My Records”

- ❑ The Application Record will be listed

- ❑ Select “Pay Fees Due”



# Pay Fees Online

- ☐ Select Pay Online option to proceed

## AQ33 - LPA/CPA Consolidation Application

|   |   |   |                         |                         |          |            |                         |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|
| 1 | 2 | 3 | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 Pay Fees | 8 Application Submitted |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|

### Step 7: Pay Fees

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

### Application Fees

| Fees              | Amount            |
|-------------------|-------------------|
| AQ33 Fee          | \$1,650.00        |
| <b>Total Fees</b> | <b>\$1,650.00</b> |

[Pay Online »](#)

[Pay by Mail »](#)



# Pay Online

- ❑ If you choose “Pay Online”, you will be brought to this screen
- ❑ Provide all payment and billing information
- ❑ Accept the terms and conditions and click submit
- ❑ You will be e-mailed a receipt

### Billing Information

First Name  
Enter First Name

Last Name  
Enter Last Name

Street  
Enter Street

City  
Enter City

State/Territory  
Select State

Zip  
Enter Zip

Phone Number  
( ) - -

Email  
Enter Email Address

Confirm Email  
Enter Email Address

### Payment Information

Credit/Debit Card Electronic Check/ACH

Card Type  
Select Card Type

Card Number  
TEST MODE

CVV Code  
123

Expiration  
01 2011

Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.  
☐ I Accept

#### Commonwealth of Massachusetts Terms Agreement

I authorize the charge to my credit card for the amount shown above. I agree to pay the total amount above according to the card issuer agreement. By checking the box below, I certify that I am an authorized user for the above referenced credit card account.

[nCourt Terms Agreement](#)

Back

Please Verify above information before the Submit Payment Button is pressed. Do not click Submit Payment button more than one time.



# Payment Submission Successful!

- ❑ Once Payment is completed, system will display the successfully completed message along with your Record ID

## AQ33 - LPA/CPA Consolidation Application

|   |   |   |                         |                         |          |            |                         |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|
| 1 | 2 | 3 | 4 Special Fee Provision | 5 Documents & Signatory | 6 Review | 7 Pay Fees | 8 Application Submitted |
|---|---|---|-------------------------|-------------------------|----------|------------|-------------------------|

### Step 8: Application Submitted



Successfully Completed.

Thank you for using our online services.

**Your Record Number is 23-AQ33-0004-APP.**

You will need this number to check the status of your application.

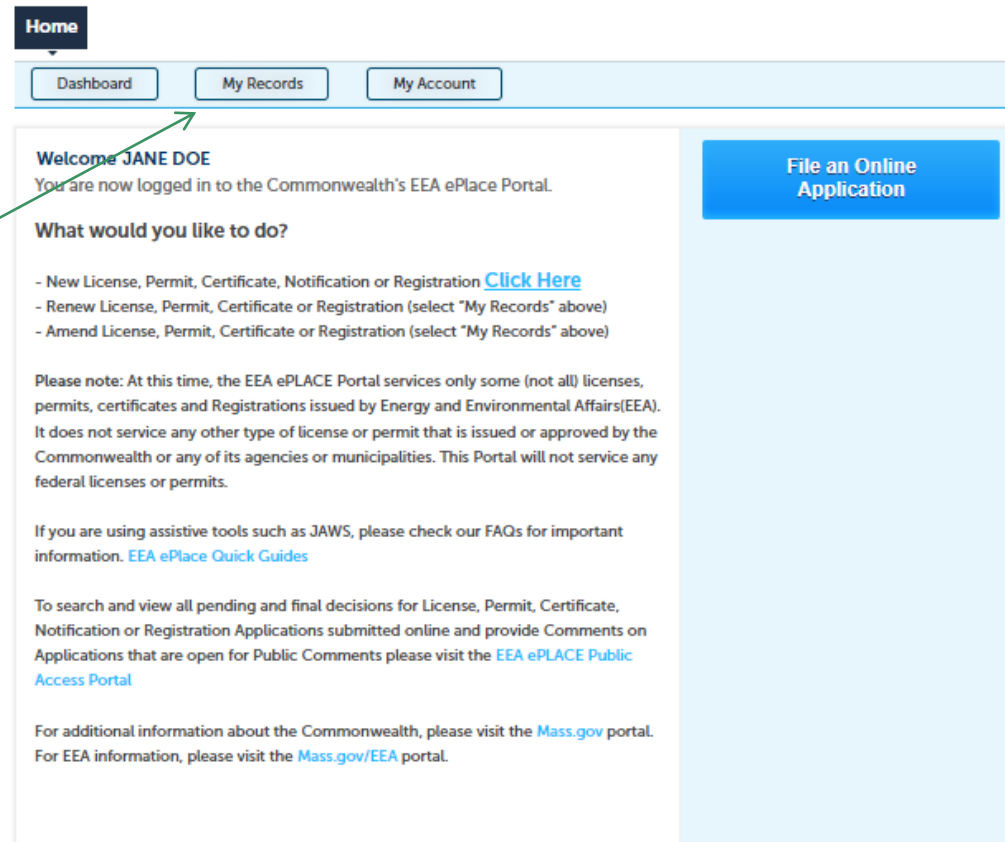


# To check the status of an application

- ❑ Log on to EEA ePlace portal

➤ <https://eplace.eea.mass.gov/citizenaccess>

- ❑ Go to your “My Records” page to see and/or track the status of an application



# Questions?

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For technical assistance:

- ▶ Contact the ePlace Help Desk Team at (844) 733-7522
- ▶ Or send an email to: [ePLACE\\_helpdesk@state.ma.us](mailto:ePLACE_helpdesk@state.ma.us)

For business related questions, please visit the link below:

[LPA/CPA: Consolidation of Previous Plan Approvals \(AQ 33\) | Mass.gov](#)



**EEA ePlace Portal**