See application instructions.

Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944

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Section I - Retired Unit Exemption Request					· -
1. Facility Name (Business Name of Operator That Appears On Permit):				2. ORIS Code (5-Digit):	<ol> <li>Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):</li> </ol>
4. This Retired Unit Exemption Request is (Check one):	a.	New	b.	Revised	
5. This Retired Unit Exemption Request is (Check one):	a. b.	Submitted on or before the deadline for submitting a Phase II Acid Rain permit application.  Submitted for devices that already have a Phase II permit on or before the deadline for renewing the permit.			

AQMD Device #	EPA Unit #	Does Device have a Current Phase II Permit?	Phase II Permit Renewal or Application Due Date (mo/day/yr)	Is Device on Long-term Standby?	Expected Device Retirement Date (mo/day/yr)	Expected Device Reinstatement Date (mo/day/yr)	Basis For Exemption
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			
		Yes No		Yes No			

## To complete this application, type or print the information in the appropriate blanks.

A facility with a unit that is retired prior to the initial issuance or renewal of a Phase II Acid Rain permit may request an exemption from the Phase II permitting requirements for the unit. An exemption request must be submitted no later than January 1, 1996 for most units or, if the unit is located at a source that already has a Phase II permit covering the unit, no later than the deadline for reapplying for a Phase II permit (no later than 6 months prior to the expiration of the permit).

This form shall be completed by Acid Rain facilities ONLY. Attach this form to a completed Form 500-A1, Form 500-A2, Form 500-F1 if an initial permit, permit renewal, or permit revision is requested and any other supplemental Acid Rain forms (Forms 500-F2 and 500-F3) as appropriate.

## Section I - Facility Information

- 1. Facility Name: Provide the name of the legal entity that operates the facility.
- 2. ORIS Code: Provide the 5-digit code that has been assigned to facility by Department of Energy.
- 3. Facility ID: Complete only if the facility has been issued a 6-digit identification or ID number by AQMD. If not, leave these boxes blank. An ID number will be assigned when the application is submitted.

## **Section II - Retired Unit Exemption**

- 1. Check one box to indicate whether this is a new application or a revision.
- 2. Check one box to indicate whether the plan is active or if it is submitted for conditional approval. If the plan is for conditional approval, submit notification to activate by December 31, 1997, under 40 CFR 72.44(c)(3).

The following special provisions apply: (1) A unit exempted under 40 CFR 72.8 shall not emit any sulfur dioxide and nitrogen oxides starting on the date it is exempted; (2) The owners and operators of a unit exempted under 40 CFR 72.8 shall comply with monitoring requirements in accordance with part 75 and will be allocated allowances in accordance with 40 CFR part 73; and, (3) A unit exempted under 40 CFR 72.8 shall not resume operation unless the designated representative of the source that includes the unit submits an Acid Rain permit application for the unit not less than 24 months prior to the later of January 1, 2000, or the date the unit is to resume operation. On the earlier of the date the written exemption expires or the date an Acid Rain permit application is submitted or is required to be submitted under this paragraph (3), the unit shall no longer be exempted and shall be subject to all requirements of 40 CFR part 72.

AQMD Device #:	Provide the identification number for each AQMD-assigned device that is expected to be modified with repowering technology or replaced with a device that is already equipped with repowering technology.	
EPA Unit #:	Provide the identification number for each EPA-assigned device that is expected to be modified with repowering technology or replaced with a device that is already equipped with repowering technology.	
Device has Current Phase II Permit?:	Indicate with a "yes" or "no" if the device is currently permitted under a Phase II Acid Rain Permit.	
Phase II Permit Renewal or Application Due Date:	If the device is currently permitted under a Phase II Acid Rain Permit, provide the permit renewal date (mo/day/yr). If the device is not currently permitted under a Phase II Acid Rain Permit, provide the date when the Phase II application is due (mo/day/yr).	
Device on Long-term Standby?:	Indicate with a "yes" or "no" if the device is temporarily retired with the intention of reinstatement at a later time.	
Expected Device Retirement Date:	Provide the date (mo/day/yr) when the device was or is expected to retire from service.	
Expected Device Reinstatement Date:	If the device is on long-term standby, provide the date (mo/day/yr) when the device will be reinstated such that it will begin operating again.	
Basis For Exemption:	Describe any actions that have or will be taken and that provide the basis for exemption.	