



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Bureau of Environmental Compliance
 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
 Records Control (718) 595 – 3855

Sprayer – Rev. 11/13

APPLICATION FOR REGISTRATION SPRAYING OF INSULATION

PREMISE INFORMATION <small>(Location where the process is to take place)</small>	Building Owner's Name			Owner's Telephone		Date
	Building Owner's Address			Borough / City	State	Zip
	PREMISE HOUSE NUMBER	PREMISE STREET NAME	PREMISE NAME (IF ANY)		BOROUGH	ZIP
	Floor:	BIN:	Block:	Lot:	Number of Stacks:	

BUSINESS INFORMATION	Full Business Name / If individual then Owner's Name		NAICS Code	Business Representative / Agent's Name		Telephone
	Business' Address / Owner's Address		Telephone	Business Representative / Agent's Address		
	City / Borough	State	Zip Code	City / Borough	State	Zip Code
	Select type of ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			Title: Owner President Treasurer Partner Secretary Other: _____		
	Owner's Email Address			Representatives's Email Address		

INSULATION INFORMATION:

Type of Insulation:		Amount to be Sprayed:	
Composition of Insulating Material:			
Medical and Scientific Information:			

USAGE INFORMATION

Spray Location:		Spray Area:	
Contaminant Mitigation Plan:			

ADDITIONAL INFORMATION

"I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief and that the equipment will be operated in accordance with the requirements of the Air Pollution Control Code, Chapter 1 of Title 24, New York City Administrative Code, and appropriate requirements of other agencies. I recognize that false statements are punishable as a misdemeanor pursuant to Section 24-190 of the Air Pollution Control Code and Section 210.45 of the Penal Law."

 Owner / Representative / Agent Signature Date

 Print Name

FOR DEPARTMENT USE ONLY

REGISTRATION #:	<input type="checkbox"/> PA	<input type="checkbox"/> PB		REVIEW DATE:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED			EXPIRATION DATE:	