



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev. 04/2022

Bureau of Environmental Compliance
 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
 Records Control (718) 595-3855

Industrial Process Questionnaire

This form is used to determine if there is a need for equipment certification

APPLICANT:

1.Name:		2.Phone Number:		7.Facility Street Address (Location where equipment is located):	
3.Street Address:				8.Borough	
4.City		5.State		9.Zip	
		6.Zip		10.Floor	
				11.Room	

12. Equipment in Question (Provide Make/Model Number/ Year where applicable):

13. Process or Operation:

14. Composition of Materials Processed, Makeup Rate, Formulations:

15. Temperature of Operation Equipment:

16. Exhaust Equipment (Hoods, Ducts, Fans, etc.):

17. Emissions Controls (Fabric Filters, Scrubbers, Baffles, Cyclones, etc.):

Submitted By:

18. Name		19. Phone		20. Title	
21. Email				22. Date	

Attach any additional sheets if necessary to properly describe the process or operation.

Attach any equipment/ material manufacturer's MSDS and/or spec sheets.

Email Questionnaire at Catsfeedback@dep.nyc.gov

<p>FOR DEP USE ONLY</p> <p>Certification Required:</p> <p>Industrial General Process _____</p> <p>Combustion Registration _____</p> <p>Work Permit _____</p> <p>Inspection _____</p> <p>Certification <u>NOT</u> Required: _____</p>	Notes
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