

# Request for Regular Access to ACMA Instructions

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## GENERAL INFORMATION

This form is used to submit a request to access ACMA for participating or new participating sources.

## ACCOUNT INFORMATION

This section is used to provide information on the account requesting access to ACMA.

**ERMS Account Number** – Enter the ERMS account number that has been assigned to the account.

**BOA Id Number** – Enter the nine digit identifier assigned to you by the Illinois EPA Division of Air Pollution Control Permit Section. This number is included on your permit.

**Name** – Enter the name (e.g., company name) associated with the account.

**Contact Name** – Enter the name of the authorized contact.

**Phone Number** – Enter the phone number of the contact person.

**Fax** – Enter the fax number of the contact person

**E-mail** – Enter the e-mail address of the contact person.

## REQUEST INFORMATION

**Number of ATUs requested** – Enter the number of ATUs you wish to purchase from ACMA.

## SIGNATURE BLOCK

Provide the information in this section. When the form is completed, mail to:

Illinois EPA  
Bureau of Air  
Air Quality Planning Section  
PO Box 19276  
Springfield, Illinois 62794-9276