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