



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Air Management
Engineering & Enforcement Division

Intent to Test (ITT) Form for Visible Emissions Testing

CPPU USE ONLY	
App No.:	_____
Doc No.:	_____
Program:	AIRENF - Air Enforcement Source Emissions Monitoring (No Fee)
Intent to Test No.:	_____

Please duplicate and complete Part IV – Part V of this ITT Form for each individual piece of equipment to be tested and attach to Page 1 of this ITT Form with the Certification page. If Test Method 22 or ALT-082 will be used, please complete all Parts of this form except Part II (Emission Test Contractor) and Part III (Fee Information & Billing).

Test Method		
Test Method 9 ¹ :	Test Method 22 ² :	Alternative Test Method 082 ³ :

¹ VE observer must provide a valid (unexpired) Method 9 certificate to perform Method 9 observations

² VE observer must provide evidence that they have been certified in Method 9 at least once to perform Method 22 observations

³ VE observer must be certified as a digital still camera operator using a certified camera and meet ongoing quarterly requirements

Part I: Company Information				
Company Name:	_____			
Company Address:	_____			
Site/Premises Name <i>(If Different than Above):</i>	_____			
Site/Premises Address (Equipment Location):	_____			
City/Town:	State:	Zip Code:	_____	
Contact Person:	Cell Phone:	_____		
Contact Person Title:	E-mail:	_____		
Contact Person Business Phone:	_____			

Part II: Emissions Test Contractor Information (if Applicable)			
Name of Consulting or Testing Firm:	_____		
Project Manager Name:	E-mail:	_____	

Part III: Fee Information & Billing Contact Information	
Pursuant to RCSA Section 22a-174-26(h) and CGS Section 22a-6f(d), a fee of \$470 per day, or part thereof, shall be paid to the Commissioner for each DEEP employee conducting or observing testing activities. <i>The total fee due will be billed by the DEEP at the completion of the testing. Company will be billed for each DEEP employee onsite regardless of whether actual test days included any "down" days where no actual stack testing was accomplished.</i> <input type="checkbox"/> Check here if exempt from the fee pursuant to CGS Section 22a-232.	
Billing Contact Name (Required, if different from Company Contact):	_____

Billing Contact Mailing Address:		State:		Zip Code:	
Billing Contact Business Phone:		E-mail:			

Please duplicate and complete Part IV – Part V of this form for each individual piece of equipment to be tested.

Part IV: Proposed Test Schedule & Test Due Date			
Proposed test date & start time:		Duration (No. of days):	
Test due date:		Date last tested:	
What was the average measured opacity of last VE test?	%		

Part V: Equipment Information & Test Regulatory Drivers (State and Federal)	
a) Equipment name or description as licensed:	
b) License number and type:	No.: <input type="checkbox"/> NSR <input type="checkbox"/> Enforcement Order <input type="checkbox"/> Registration <input type="checkbox"/> Unlicensed
Cite each regulatory requirement that apply to this specific test program:	
c) State regulatory requirement(s) for test program	<input type="checkbox"/> NSR: <input type="checkbox"/> RCSA Section: <input type="checkbox"/> No state test driver applies:
d) Test frequency for each state regulatory requirement(s): (annually, etc.)	
e) Federal regulatory requirement(s) for test program	<input type="checkbox"/> 40 CFR Part 60 Subpart <input type="checkbox"/> No federal test driver applies:
f) Test frequency for federal regulatory requirement: (e.g. annual, biennial, etc.):	
g) Licensed Maximum Rated Capacity (MRC) : (For rock crushing operations – in tons/hour of product and MMBTU/hr or gal/hr of fuel)	Maximum Rated Capacity (by Design) Maximum Rated Capacity, Operational (if different than above)

Part VI: Certification

The applicant and the individual(s) responsible for preparing this ITT Form must sign this part. If the applicant is the preparer, please mark "N/A" in the spaces provided for the preparer. ITT Forms will be considered incomplete unless all required signatures are provided.

Part VI: Certification	
<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this ITT Form is on complete and accurate forms as prescribed by the Commissioner without alteration of the text."</p>	
Authorized Signature	Date
Name of Signatory (Print or Type)	Title
Signature of Test Contractor	Date
Name of Test Contractor (Print or Type)	Title

Part VII: Form E-Submission (Required)

Completed ITT Form and all supporting documents must be submitted electronically to:

DEEP.SEM@ct.gov or via the FTP site (<https://sft.ct.gov>).

For help with the forms, please contact DEEP.StackTestQ@ct.gov.