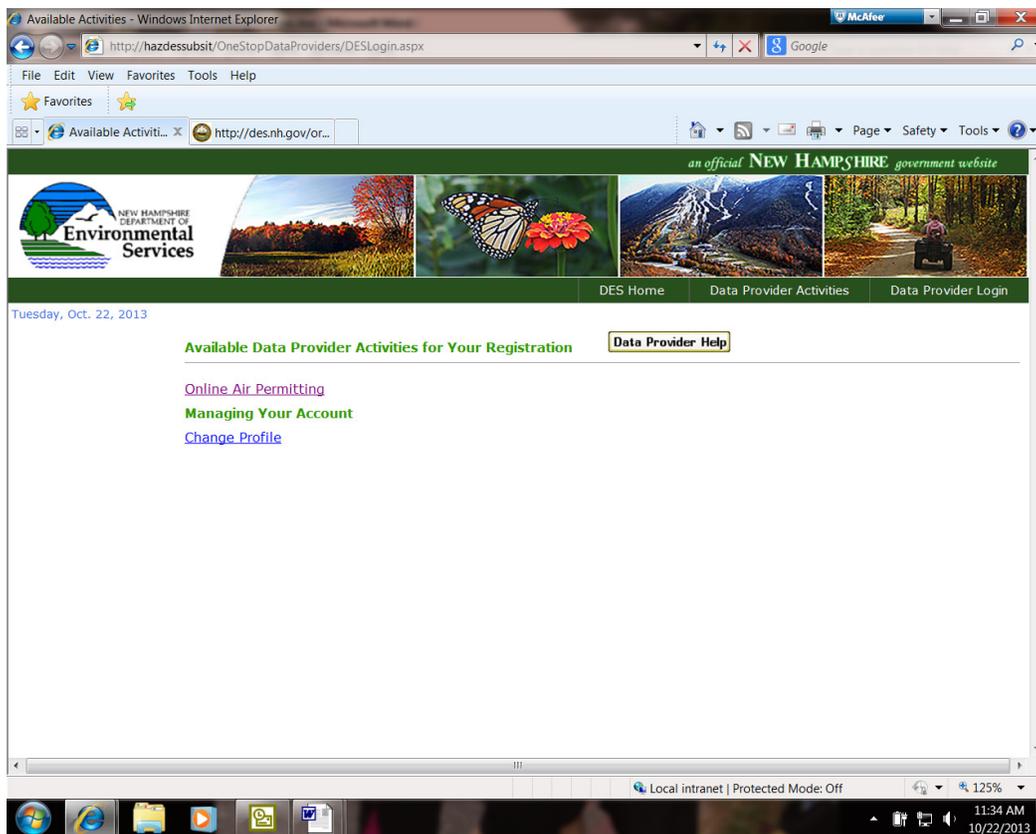


Instructions for the Online Air Permitting Process Administrative Amendment

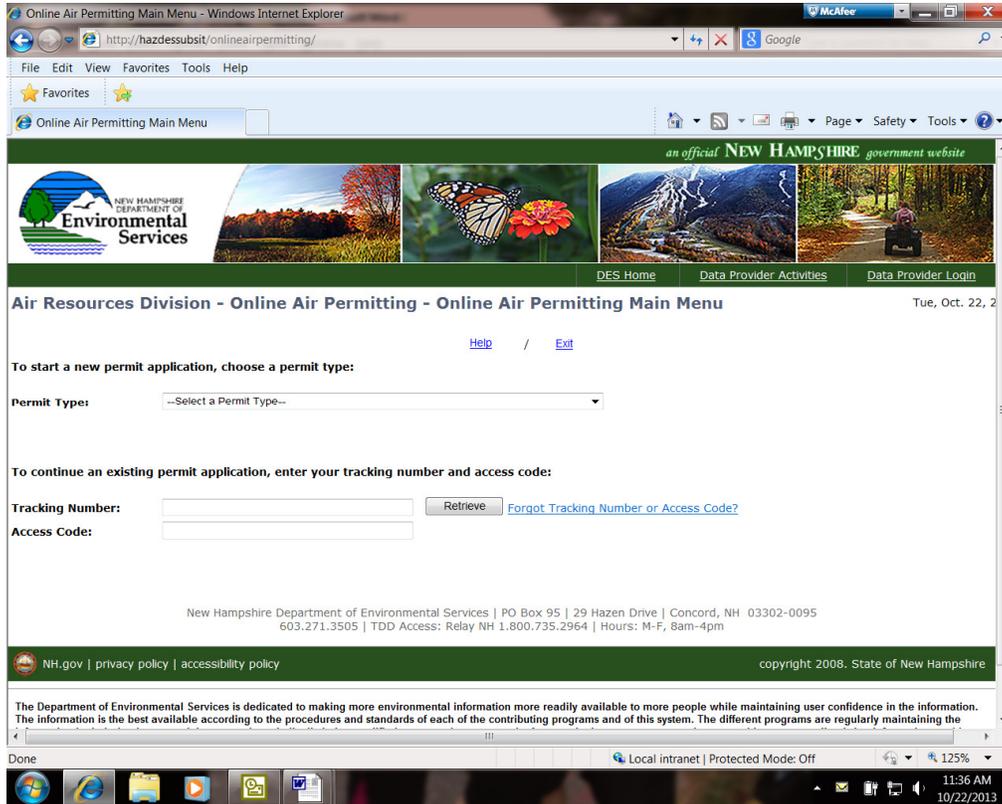
OneStop Data Provider Administrative Amendment Procedures:

1. Go to www.des.nh.gov.

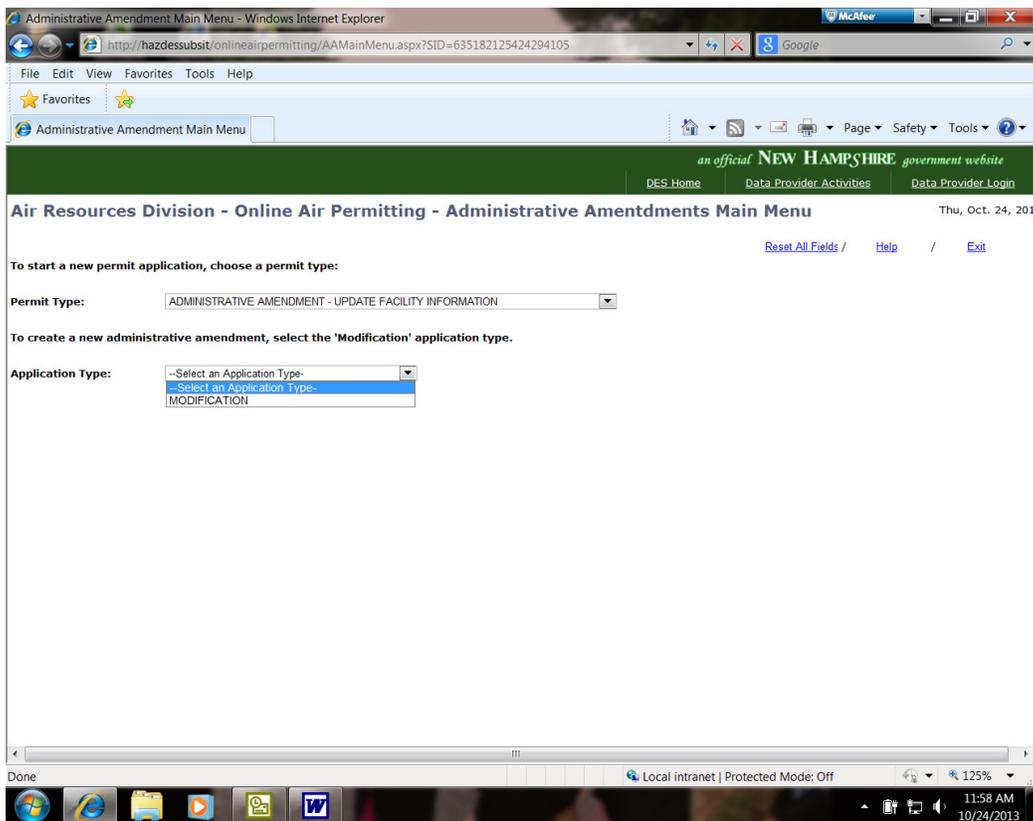
2. Click on the symbol  to go to the OneStop Data and Information page.
3. Select the hyperlink labeled '**OneStop Data Provider**'.
4. Click on Online Air Permitting.



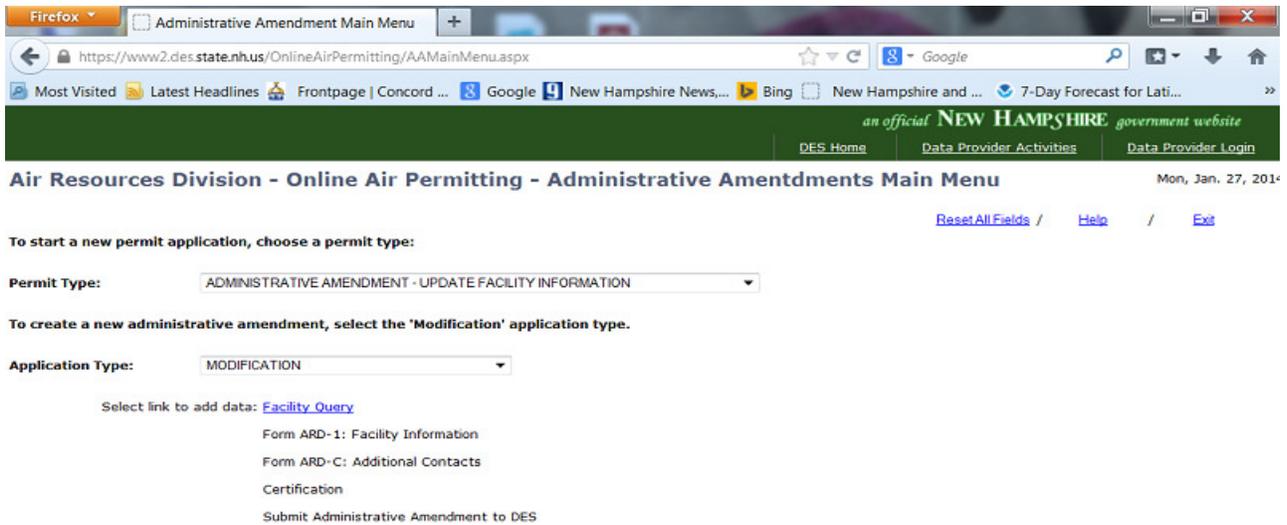
5. Under Permit Type, use the drop down menu and click on Administrative Amendment:



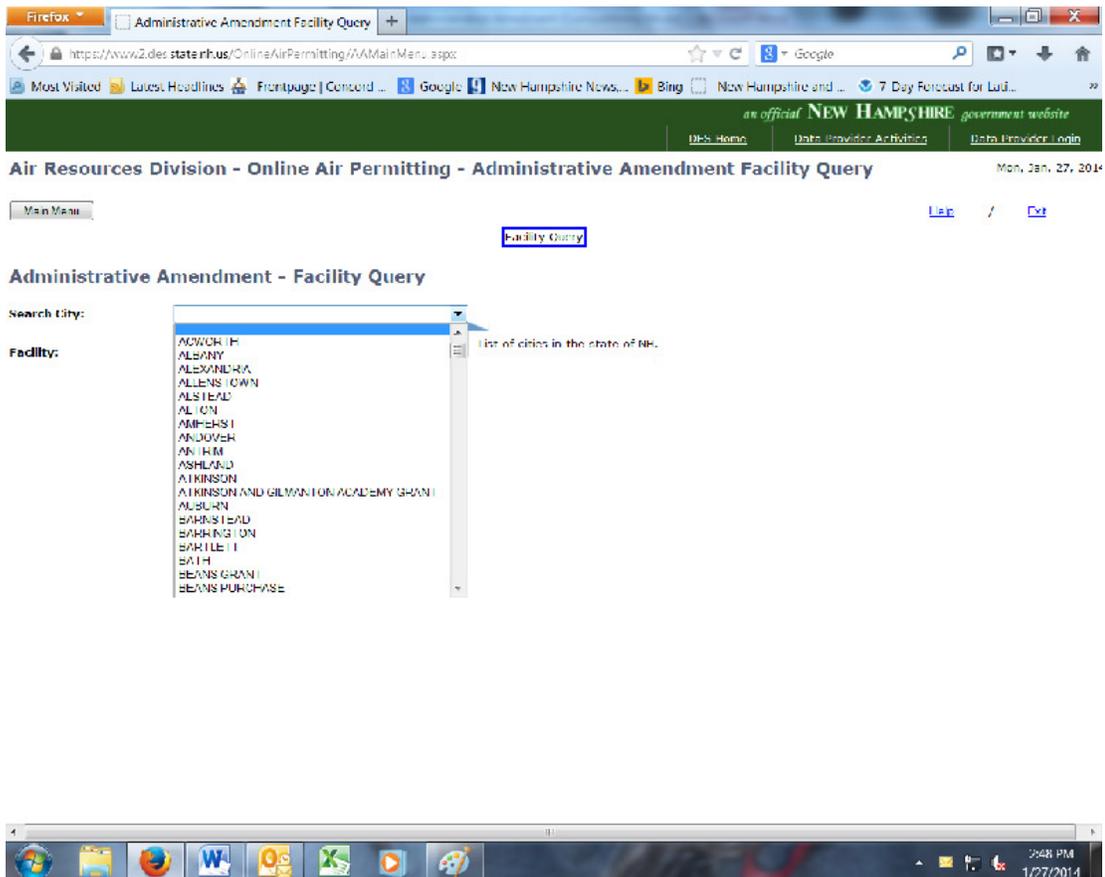
6. Under Application Type, use the drop down menu and select Modification



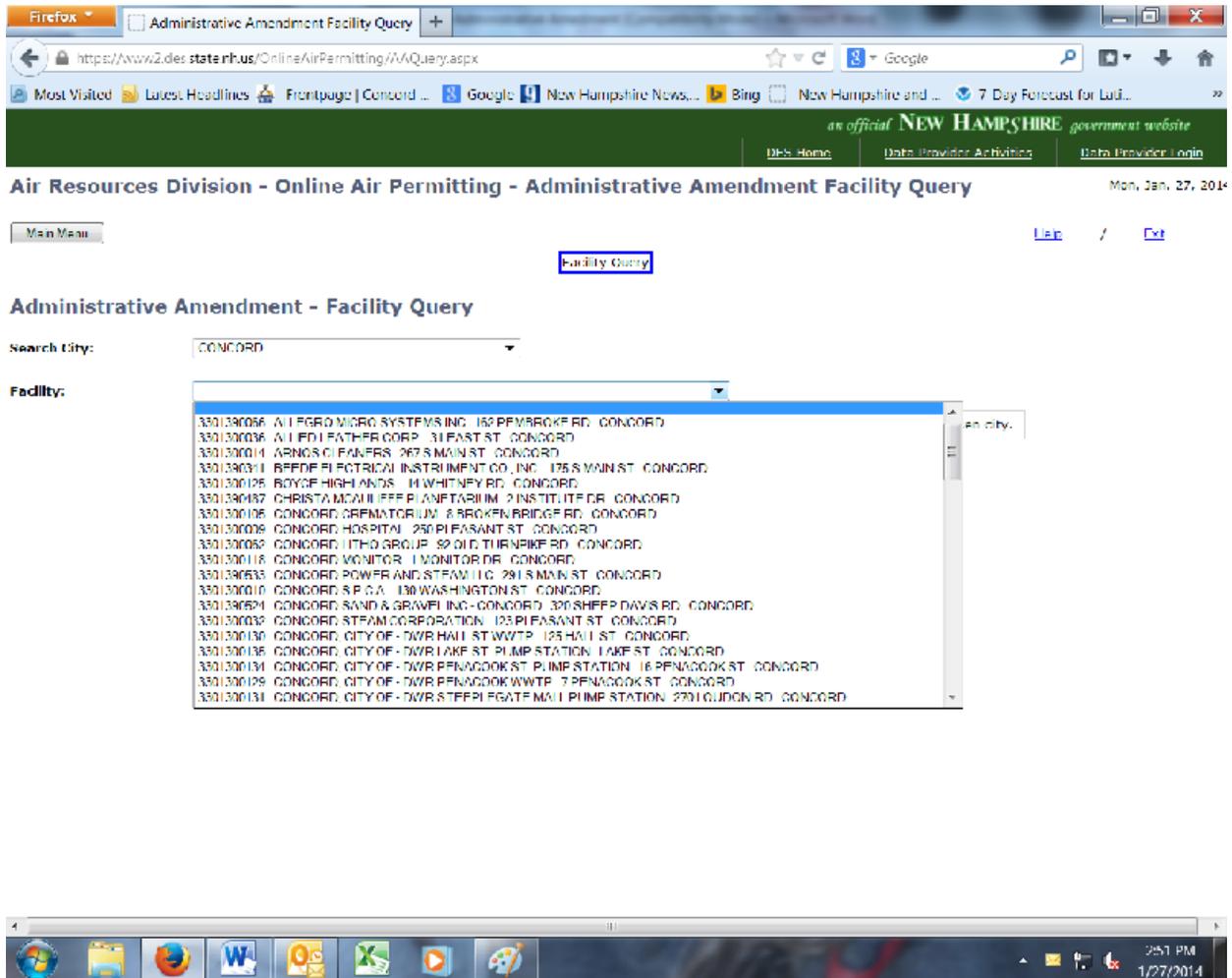
7. Click on '**Facility Query**' to look up the facility that is making the modification to the data submitted to DES.



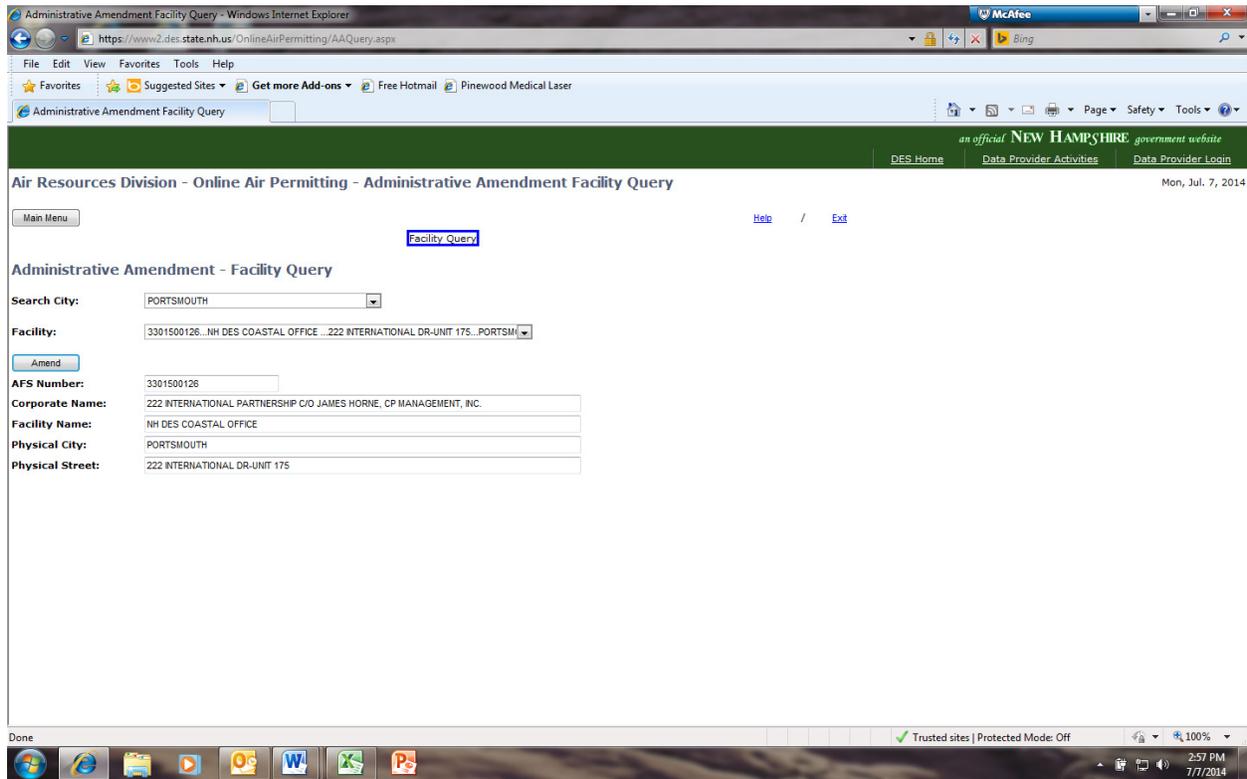
8. Start with selecting the city in which the facility is physically located.



9. Once the city has been entered, use the drop down screen to see a full list of permitted facilities located in that city. Select the facility that is making the modification to the data.



10. If the facility is not listed, contact DES for further assistance at (603) 271-1370 or e-mail at airpermitting@des.nh.gov.
11. If the AFS (facility identification) Number (located beneath the '**Amend**' button) is correct for the facility you are looking to modify, click on the '**Amend**' button.
 - a. You will be prompted to confirm that you are sure this is the facility you want to update.
 - b. Click on the '**OK**' button.



12. At this point, the '**Form ARD-1: Facility Information**' link opens up. Click on '**Form ARD-1: Facility Information**' and input the required information.

13. **Form ARD-1: Facility Information** - The information provided in the table below lists all data elements that may appear on the Form ARD-1 depending on the application type. The table also includes a description of the data element and whether the data element is required.

Form ARD-1

Column Name	Description	Required
Facility Name	The name of the facility.	Yes
Facility Name Change	Check box only if the facility name is being changed from what was originally permitted.	No
Effective Date	Date the facility name change went into effect	Conditional
Physical Address	Physical address for the facility	Yes
Town/City	Town/City in which the facility is physically located	Yes
State	State in which the facility is physically located (default: NH)	Yes
Zip Code	Zip Code for the physical location of the facility	Yes
Government Facility Code	Pick List – Facility's 'Government Facility Code' 0-Facility not Government Owned 1-Source owned by the Federal Government 2-Source owned by the State 3-Source owned by the County 4-Source owned by the Municipality 5-Source owned by the District	Yes
Responsible Official	First and Last Name of the Responsible Official for the facility. Middle name initial is optional.	Yes
Title	Responsible Official's title	Yes
Mailing Address: Same as facility physical address?	Check box used to indicate if the Responsible Official's mailing address is the same as the physical address	No
International Address	Check box used to indicate if the Responsible Official's mailing address is an international mailing address	No
Street Name and Number	Mailing address for the Responsible Official	Yes
Town/City	Town/City portion of the Responsible Official's mailing address	Yes

State	State portion of the Responsible Official's mailing address	Yes
Zip Code	Zip Code portion of the Responsible Official's mailing address	Yes
E-mail Address	E-mail address for the Responsible Official	Yes
Telephone Number	Telephone number for the Responsible Official	Yes
Extension	Telephone number extension for the Responsible Official	No
Fax Number	Fax number for the Responsible Official	No
Owner Name	Name of the individual, partnership, limited liability company, corporation or municipality that owns or operates the equipment that is the subject of the permit. This MUST be the name that is registered with the NH Secretary of State as the legal entity. Municipalities (which are not required to register with NH Secretary of State) shall list 'Town/City of ...'	Yes
Owner Name Change	Check box only if the owner name is being changed from what was originally permitted.	No
Effective Date	Date the owner name change went into effect	Conditional
Mailing Address: Same as facility physical address?	Check box used to indicate if the owner's mailing address is the same as the physical address	No
International Address	Check box used to indicate if the owner's mailing address is an international mailing address	No
Street Name and Number	Mailing address for the owner	Yes
Town/City	Town/City portion of the owner's mailing address	Yes
State	State portion of the owner's mailing address	Yes
Zip Code	Zip Code portion of the owner mailing address	Yes
SIC Code	Facility's primary SIC Code (includes a link to look this up)	Yes
NAICS Code	Facility's primary NAICS Code (includes a link to look this up)	No
Form filled out by RO?	Yes or no box indicating if the form was filled out by the Responsible Official	Yes
Application Composed By	First and Last name of the individual that filled out the form if not filled out by the Responsible Official	Conditional
Email Address	E-mail address for the individual that filled out the form if not filled out by the Responsible Official	Conditional

14. When the form is completed, select '**Save**' and then the '**Main Menu**' to return to the list of links to the other application forms.

15. **Form ARD-C: Additional Contacts** - This section becomes available once Form ARD-1 has been saved and there is a responsible official listed. If additional contacts exist, please add them through this form. Please note that one person could have more than one role and this form allows the applicant to assign multiple roles to one contact. At a minimum, each facility shall include a technical, invoicing, and legal contact. The information provided in the table below list all data elements that may appear on the Form ARD-C. The table also includes a description of the data element and whether the data element is required.

16. Click on '**Form ARD-C: Additional Contacts**' and then '**Add**' to add a new contact or '**Edit**' to edit any of the elements for contacts already associated with the application. Then input all required data elements listed in the following table for each contact.

Form ARD-C

Column Name	Description	Required
Contact Name	First and Last Name of the contact. Middle name initial is optional.	Yes
Title	Contact's title	Yes
Wish to Receive Electronic Correspondence	Check box used to indicate if the contact wishes to receive electronic correspondence in regards to this application.	No
Company Name	Name of the company for whom the contact works.	Yes
Street Name and Number	Mailing address for the contact	Yes
International Address	Check box indicating whether or not this is an international mailing addresses.	No
Town/City	Town/City portion of the contact's mailing address	Yes
State	State portion of the contact's mailing address	Yes
Zip	Zip Code portion of the contact's mailing address	Yes
Telephone Number	Telephone number for the contact	Yes
Extension	Telephone number extension for the contact	No

Fax Number	Fax number for the contact	No
Email Address	E-mail address for the contact	Yes
Roles:	Check box used to indicate if the contact is:	
Responsible Official	The Responsible Official	Conditional
Technical	The Technical contact for the facility	Conditional
Invoicing	The Invoicing contact for the facility	Conditional
Legal	The Legal contact for the facility	Conditional
Prepared Application	The person that prepared the application for the facility	Conditional
Corporate	The Corporate contact for the facility	Conditional
Owner/Operator	The Owner or Operator for the facility	Conditional
Consultant	A Consultant representing the facility	Conditional

17. When the form is completed, select '**Save**'. At this point, you can add another contact by selecting '**New**' or you can select '**Done**' and then the '**Main Menu**' to return to the list of links to the other application forms.

18. At this point, the '**Certification**' link opens up. Click on '**Certification**' and input the required information. ***Important:*** The certification page must be completed by the Responsible Official using their own PIN number for submittal.

19. When the form is completed, select '**Save**' and then the '**Main Menu**'.

20. **Submit Application** - Once all forms are completed then the application can be submitted by clicking on the '**Submit Administrative Amendment to DES**' link. You will receive an automatically generated email with pdf attachments of all the forms, for your records. DES also receives the email and will process the application.