



# Maricopa County

Air Quality Department

Return completed form to:  
Maricopa County Air Quality Department  
3800 N Central Ave, Suite 1400, Phoenix, AZ 85012  
Phone (602) 506-6010 Fax (602) 372-0587  
AQPermits@maricopa.gov

## SUBCONTRACTOR CHANGE REQUEST FORM

Documents may be submitted in person at:  
3800 N. Central Ave. Suite 1400, Phoenix, AZ 85012 or 501 N. 44th Street, Suite 200, Phoenix, AZ 85008.

Arizona Revised Statutes (A.R.S.) 49-474.06 and Maricopa County Rule 200 (Permit Requirements) require subcontractors engaged in dust-generating operations at a site that is subject to a Dust Control Permit to register with MCAQD and pay an annual fee of \$50.00.

**If there has been a change in ownership, a new registration number is REQUIRED. Do not submit this application. Please complete an "Application for Subcontractor Registration" and submit with applicable fee. For more information visit our website at <http://www.maricopa.gov/aq> or call (602) 506-6010.**

**Important:** Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

Registration Number: SC or CMP \_\_\_\_\_ Legal Name as Registered: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Fill out the information below that needs to be updated:

New Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Cancel** (If checked, registration will not be renewed and SC number will no longer be valid.)

Reason for Cancellation: \_\_\_\_\_

### CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

*Arizona Revised Statute §13-2704 makes it a criminal offense to knowingly make a false material statement to a public servant in connection with an application for any benefit, privilege, or license.*

I hereby certify that, based on information and belief formed after reasonable inquiry, the statements and information in the Application for Subcontractor Registration are true, accurate, and complete.

\*There is no need for a physical signature if submitting this form electronically.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed or Printed Name of Signer: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Reviewer: \_\_\_\_\_