



## AIR QUALITY PERMIT APPLICATION FORM

### 1.0 PARTICULARS OF APPLICANT

#### 1.1 Name and Address of Facility

- a) Name: \_\_\_\_\_
- b) Physical address : \_\_\_\_\_  
\_\_\_\_\_
- c) GPS co-ordinates (degree decimal) \_\_\_\_\_
- d) Postal address: \_\_\_\_\_  
\_\_\_\_\_
- e) Telephone (landline): \_\_\_\_\_
- f) Fax: \_\_\_\_\_
- g) Mobile Phone: \_\_\_\_\_
- h) E-mail: \_\_\_\_\_
- i) Website: \_\_\_\_\_

#### 1.2 Name and details of contact person

- a) Name: \_\_\_\_\_
- b) Physical address: \_\_\_\_\_  
\_\_\_\_\_
- c) Postal address: \_\_\_\_\_  
\_\_\_\_\_
- d) Telephone (landline): \_\_\_\_\_
- e) Fax: \_\_\_\_\_
- f) Mobile Phone: \_\_\_\_\_
- g) E-mail: \_\_\_\_\_
- h) Website: \_\_\_\_\_

### 2.0 LEGAL STATUS OF ORGANISATION AND NATURE OF BUSINESS

#### 2.1 Indicate legal status of organization (Tick relevant option)

- Sole proprietorship
- Partnership
- Public Limited Liability Company
- Private Limited Company
- Cooperative Society
- Others (please specify)

(Attach Certificate of Business Registration, Certificate of Incorporation in Nigeria, Memorandum and Articles of Association, Deed of Partnership, Deed of Trust, as applicable)

**2.2 Nature of Business**

State nature of business and type of products/ services produced or rendered by the organization

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**3.0 TYPE AND NATURE OF PERMIT REQUIRED**

3.1 State the type of Permit required

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3.2 State whether application is Fresh, for Renewal, Rehearing, Amendment or Appeal

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3.3 State whether organization has an existing Permit issued by the Agency

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3.4 If answer to 3.3 is yes, state the nature of the Permit, the date of issue and Permit Number

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3.5 Does the organization own more than ten (10%) shareholding in another entity that has applied for or granted a Permit(s) by the Agency?

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3.6 If the answer to 3.5 is yes, state the name of the entity, the nature of business, the nature of the application or Permit, the date issued and Permit Number

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3.7 Has the Applicant ever been denied a Permit, Suspended or Revoked by the Agency?

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3.8 If answer to 3.7 is yes, give details of the Denial, Suspension or Revocation

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**4.0 TECHNICAL CAPACITY AND MANAGERIAL EXPERIENCE**

4.1 Provide detailed statement of Applicant’s technical competence and experience with regard to the Permit applied for

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4.2 Provide detailed statement of Applicant’s managerial competence and experience with regard to the Permit applied for

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4.3 Describe any technical or financial support from internal and external sources with regard to the Permit applied for

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4.4 State the name and brief resume of the Agency’s accredited consultant(s)/contractor(s) involved in pollution control programme in your organisation (attach details if available)

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4.5 State the number, qualifications and experience of staff involved with pollution control programme at the facility

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**5.0 NATURE OF OPERATIONS IN THE FACILITY**

5.1 Describe plant facility and production figures (please attach schematic drawings, layout of factory and process line where applicable)

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5.2 State results of quantitative and qualitative sampling of solid, liquid and gaseous effluents from the facility for at least the past one year (where applicable and if available)

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5.3 List all the toxic substances used, stored or manufactured at the site

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5.4 Describe pollution abatement/monitoring facilities on site (including details of year of installation, capacity, etc)

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5.5 List all chemicals stored and/or in use at the facility (no trade names)

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5.6 List all intermediates and final products at facility including details of storage condition(s) where applicable

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5.7 State the distance and specific location of facility from residential areas, other sensitive ecosystems such as freshwater bodies and vegetation (attach sketch map), and other existing industries (include name(s) of such industry where applicable)

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5.8 State effluent characteristics, discharge (outfall) locations, and possible compliance monitoring and inspection points where applicable (attach illustration )

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5.9 State stack height(s) and characteristics of all gaseous emission(s) and locations where applicable

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5.10 Describe in detail the waste disposal methods available at the facility

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5.11 State any safety/contingency plan(s) that is operational at the facility (attach details)

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5.12 Provide any other relevant information that could support and facilitate the processing of your application (attach details if necessary)

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(Attach an Environmental Impact Statement (EIS) report if the application is for a new facility)

**6.0 OPEN BURNING**

1. Location where Burning is to take place .....
2. Upon the following days, viz.: — ..... , 20 .....
3. Type/Description of item to be Burned  
.....  
.....
4. Heap(s) including dimensions: .....

Note. —

- i. This application for open burning must be lodged with the Enforcement Officer of the Agency and copies made available to the State/Local Government within whose district the proposed burning is to take place, at least 30 days before the day upon which it is intended to commence burning.
- ii. That the land on which burning is to be carried out does not exceed in extent and is identical with that described in the above application.
- iii. That the provisions of the regulations respecting firebreaks have been carried out.
- iv. That the land upon which the open burning is to be done is or is not carrying standing trees.

- v. That if the land is carrying trees, all grass, debris and the thing or the object to be burned have been raked to a distance of not less than 2 metres from the base of each standing tree.
- vi. And I make this solemn declaration by virtue of section 9 of the National Environmental (Control of Bush / Forest Fire and Open Burning) Regulations, 2010.

**7.0 DECLARATION BY THE APPLICANT**  
 (Notary Public/Commissioner of Oath and Attestation Required)

I/we hereby declare that the details stated above are, to the best of my/our knowledge, true and correct.

Dated this.....day of.....200.....

THE COMMON SEAL OF THE WITHIN NAMED APPLICANT

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Has hereunto been affixed in the presence of:

Sign:\_\_\_\_\_

Sign:\_\_\_\_\_

Name:  
DIRECTOR

Name:  
SECRETARY

Sworn to this .....Day of.....200.....at.....

BEFORE ME

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Notary Public/Commissioner of Oaths