



MEASURED DISCHARGE PROGRAM APPLICATION FORM

Company Name			
Facility Address		Contact Name	
City	Province	Contact Title	
Postal Code		Contact Phone Number	
Air Quality Management Permit Number			

Emission Number	BASIS OF DISCHARGE MEASUREMENT			
	<i>(if other, please provide details in comments section below)</i>			
	FUEL CONSUMPTION	HOURS OPERATED	CEM	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Measured Discharge Program applications must be **submitted annually by March 31st** to be eligible and must be accompanied by:

1. An application fee of \$200;
2. All of the appropriate information (fuel consumption, hours operated, etc.) required to calculate the measured discharge.