



Maricopa County

Air Quality Department

Maricopa County Air Quality Department
301 W. Jefferson St., Suite 410, Phoenix, AZ 85003
602-506-6010
AQPermits@maricopa.gov

SUBCONTRACTOR CHANGE REQUEST FORM

Form must be uploaded into the Dust and Miscellaneous Portal. Instructions for creating your portal account and uploading this form can be found on Maricopa.gov/5560.

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. For more information visit our website at 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: _____