



THE CITY OF NEW YORK  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 Bureau of Environmental Compliance  
 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373-5108  
 Records Control (718) 595-3855

AR 510  
 Rev 2012

**INDUSTRIAL PROCESS QUESTIONNAIRE**  
**Form AR510**

*This form is used to determine if there is a need for equipment certification*

**APPLICANT:**

1. Name:		2. Phone Number		7. Facility Street Address (location where equipment is located):	
3. Street Address:			8. Borough:		9. Zip
4. City	5. State	6. Zip	10. Floor		11. Room

12. Equipment in question (provide Make / Model Number / Year where applicable):

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13. Process or Operation:

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14. Composition of Materials Processed, Make up Rate, Formulations:

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15. Temperature of Operation of Equipment:

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16. Exhaust Equipment (Hoods, Ducts, Fans, etc.):

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17. Emissions Controls (Fabric Filters, Scrubbers, Baffles, Cyclones, etc.):

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**SUBMITTED BY:**

18. Name:		20. Phone:		21. Fax:	
19. Title:			22. Date:		

**Please use additional sheets if necessary to properly describe the process or operation.  
 Attach any equipment / material manufacturer's MSDS and/or spec sheets.**

<b>FOR DEP USE ONLY</b> Certification is required: _____ Certification is <b>NOT</b> required: _____	<u>Reviewed by:</u>  	          <b>DEP DATE STAMP</b>