Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)

2008 O-101 OPERATOR

Authorized under 1994 P.A. 451, as amended. Completion of information is required. Civil and/or criminal penalties possible for providing false information.

GENERAL INSTRUCTIONS: Verify the accuracy of all information on last year's forms or summary report and make any necessary additions or corrections. Refer to the General Instructions Booklet for more detailed instructions.

FORM REFERENCE

1. Form Type **O-101**	2. AQD Source ID (SRN)

OPERATOR'S INFORMATION

☐ Change ☐ Add

3. Operator's First Name, Middle Initial	4. Operator's Last Name	
5. Operator's Title		6. Remove from MAERS ☐ Yes ☐ No
7A. Mailing Address (Street Number and Name or P.O. Box)		
7B. Address Continued		
8. City	9. State/Province	10. Country / 11. Zip or Postal Code
12. E-Mail Address (if available)		
13A. Telephone Number ( )	13B. Telephone Extension	14. Fax Number ( )

OPERATOR'S ID (only complete this area if you have more than one operator)

15. Operator's Reporting Group or Emission Unit ID	(Please Check One Box)	15. Operator's Reporting Group or Emission Unit ID	(Please Check One Box)	15. Operator's Reporting Group or Emission Unit ID	(Please Check One Box)
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