



Jennifer M. Granholm, Governor  
Steven E. Chester, Director

Michigan Department of Environmental Quality  
Air Quality Division

## 2008 MICHIGAN AIR EMISSIONS REPORTING SYSTEM (MAERS)

### O-101 OPERATOR FORM INSTRUCTIONS AND EXAMPLE

Complete this form for each Operator. At least one Operator form is required. For portable sources, only one operator ID is allowed. The AQD Source ID (SRN) is required.

#### FORM REFERENCE SECTION:

*This section is required.*

1. **Form Type** - DEQ Air Quality reference identification for the form.
2. **AQD Source ID (SRN) – (Required)** - AQD Source ID (SRN) is where the SRN must be entered.

#### OPERATOR'S INFORMATION SECTION:

*This section is required.*

- 3-14. **Operator's Information** - Enter the name, mailing address, telephone and fax number, and e-mail address. **The e-mail address is required, as this address will be a backup for the emission inventory contact e-mail address on the S-102 Contact form.** If no e-mail address is available, enter NA. Every source must have at least one operator.

#### OPERATOR'S ID SECTION:

*Complete this section if the source has more than one operator.*

15. **Operator's Reporting Group or Emission Unit** - Enter reporting group or emission unit ID's to indicate responsibility of the Operator. Do not include emission units that are part of a reporting group.

