



## FORM ATI FI: AUTHORIZATION TO INSTALL FACILITY INFORMATION

Please see instructions on reverse side.

### FACILITY INFORMATION

1. Company Name \_\_\_\_\_ 2. Facility Number \_\_\_\_\_

3. Facility Name (if different than #1): \_\_\_\_\_

4. Facility Permit Contact Person Name \_\_\_\_\_  Mr.  Ms.  Dr.  
 Position Title \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Do you want to review draft permits?  Yes  No If yes, include email above. See instructions for more information.

6. Equipment Location Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_

7. Is the Equipment Portable?  Yes  No  
 If portable equipment will be used in other locations, attach a separate sheet labeled FI-6A to list those locations.

8. Person Permit Should Be Mailed to (if different than #4): \_\_\_\_\_  Mr.  Ms.  Dr.  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PERMIT PREPARER

Complete this section if the application was prepared by an individual outside of the company.

9. Name \_\_\_\_\_  Mr.  Ms.  Dr.  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Iowa P.E. Number \_\_\_\_\_

10. PERMIT PREPARER SIGNATURE \_\_\_\_\_

### CERTIFICATION

I certify that based on information and belief formed after reasonable inquiry, the enclosed documents, including the attachments are true, accurate, and complete. Legal entitlement to install and operate the equipment covered by and on the property identified in the permit application has been obtained.

11. Responsible Official's Name \_\_\_\_\_  Mr.  Ms.  Dr.  
 Responsible Official's Position Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

12. RESPONSIBLE OFFICIAL SIGNATURE \_\_\_\_\_ 13. Date \_\_\_\_\_

## Instructions for Form ATI FI: Authorization to Install Facility Information

- Only one (1) Form ATI FI is required for each application.
- This form identifies the company, locations and personnel involved in the permit application.

---

### Understanding the ATI FI Form: Each number provides an explanation for the corresponding field on the form.

1. **Company Name:** Name of the company or organization applying for the permit.
2. **Facility Number:** If known, provide the facility number assigned by the Department. This number will be in the format of 99999 (a five digit number which historically was preceded by "CDS#") and can be found on previously issued permits or correspondence from the department. If you do not know your facility number, you may leave this question blank.
3. **Facility Name:** Name of the facility, if different from #1.
4. **Contact Person:** Provide the name and contact information for the person within the company who should be contacted regarding questions or other pertinent information related to the permit application. This is also the person to whom the permit will be mailed, unless otherwise specified in #8.
5. **Draft Permits:** Indicate if you would like to review draft permits prior to permit issuance. Draft permits will be sent electronically to the email address of the Facility Contact Person. A hard copy of the draft permit will NOT be mailed. **Please note:** The applicant will be allowed a maximum of three (3) business days to review the draft permits and make comments. After the review period is over, the permit will be issued. This is not considered a formal comment period; therefore, the comments will not be responded to in a formal manner, nor will the comments be automatically incorporated into the final permit.
6. **Equipment Location Address:** Provide the address for where the equipment will be or is already installed. If equipment is portable use the staging area address.
7. **Portable Equipment:** If the equipment is portable (such as a portable asphalt plant), identify by marking "yes." **If portable equipment will be used in other locations, attach a separate sheet labeled ATI FI-7A to list those locations.**
8. **Person Permit Should be mailed to:** Provide the address where the permit should be mailed, if different than #3.
9. **Permit Preparer Information:** If the permit application was prepared by a Professional Engineer outside the company (i.e. consultant), provide that person's name and contact information. **(IAC 567 22.1(3)"b")**
10. **Signature of Permit Preparer.** If an individual outside the company prepared the permit, that person must provide their signature on this form.
11. **Responsible Official's Name.** Provide the name and contact information of the Responsible Official associated with this permit. The Responsible Official is someone who has the authority to submit the application on behalf of the company.
12. **Signature of Responsible Official.** The person designated as the responsible official must provide their signature on this form. The application will not be assigned a Project Number for engineering review until a signed Form FI is received.
13. **Date** application is signed.