

Dust Palliative Information Form		For DES Use Only	
Clark County Dept. of Environment and Sustainability - Division of Air Quality			
Permit #:		Expiration Date:	
Project Name:			
Owner Builder/Company/Organization (Permittee):			

1. Project Location:				
Number:	Direction:	Street:	Street Type:	Suite:
City:		State:	Zip:	
Location Description:				

2. Dust Palliative Information:				
Date of Application:	Dimensions Stabilized:		Dilution Rate:	Application Rate:
	Measurement	Acreage		
		Square Footage		
Dust Palliative Product Name:				
Type of Dust Palliative:				
Method of Application (Tropical/Blended):				
Traffic	Non-Traffic	Equipment Used:		

3. Applicator Information:				
Contact's Name:		Contact's Title:		Company/Organization:
Email:			Nevada Contractor License #:	
Office:	Extension:	Cell:	Fax:	
Warrantee:	Yes	If yes, terms of warrantee:		
	No	If no, palliative effective till:		
Applicator's Signature				Signature Date

4. Submitted By:				
Submitter's Name:		Submitter's Title:		Company/Organization:
Submitter's Signature				Signature Date