

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

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Air and Radiation Administration • Air Quality Permits Program

## Budget Reconciliation and Financing Act of 2003 (Commonly referred as Maryland House Bill 935)

On July 1, 2003, House Bill 935, Chapter 203 amended § 1-203 of the Environment Article, Annotated Code of Maryland, as follows:

### Section 1-203(b)

- 1) A license or permit is considered renewed for purposes of this subsection if the license or permit is issued by a unit of State government to a person for the period immediately following a period for which the person previously possessed the same or a substantially similar license.
- 2) Before any license or permit may be renewed under this article, **the issuing authority shall verify through the office of the Comptroller (emphasis added)** that the applicant has paid all undisputed taxes and the unemployment insurance contributions payable to the Comptroller or the Secretary of Labor, Licensing, and Regulation or that the applicant has provided for payment in a manner satisfactory to the unit responsible for collection.

In order for the Maryland Department of the Environment (MDE) to verify this compliance, we would need you to provide the following information before we can process or issue your renewal license, permit, or certification:

**Current MDE License/Permit #:** \_\_\_\_\_ **AI#:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Contact Title:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Privacy Act Notice:** This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

*Certification: I certify that the above information is true and correct to the best of my knowledge:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Complete and return this form to the above address. If you have any questions, please contact our office at 410-537-3230.***