

**APPLICATION FOR TEMPORARY COVID-19 REGULATORY FLEXIBILITY****FOR AGENCY USE ONLY**Kentucky Energy & Environment Cabinet  
Department for Environmental Protection**Date Received****FACILITY INFORMATION**

Facility Name		Permit/Authorization No.	Agency Interest No.	
Facility Address		City	State	Zip
Facility Contact First Name	Facility Contact Last Name	Telephone Number	Email Address	
Contact Mailing Address (if different from above)		City	State	Zip

**REASON FOR REQUEST**

In the space provided below (or on additional sheets attached to and submitted with this form), explain the reason(s) for your request for temporary COVID-19 regulatory flexibility. Include at least the following information: **(1)** the statute, regulation, permit condition, or other regulatory requirement not complied with; **(2)** the specific nature of the noncompliance; **(3)** the start and end dates of the relief period requested; **(4)** how COVID-19 was the cause of the noncompliance, including any actions taken to avoid noncompliance and to return to compliance by earliest date practicable; and **(5)** actions taken (or that will be taken) during the relief period to minimize any negative impacts on public health and the environment from any noncompliance. **Attach all available documentation supporting the statements made in your responses to items (1) through (5) above.**

**SIGNATURE****RETURN COMPLETED  
APPLICATION TO:****Email:**  
[EECCovidRequest@ky.gov](mailto:EECCovidRequest@ky.gov)**Mail:**  
Kentucky Department for  
Environmental Protection  
Attn: John Lyons  
300 Sower Blvd.  
Frankfort, KY 40601

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name	Title
Signature	Date

(Attach additional pages if needed)