Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944

> Tel: (909) 396-3385 www.agmd.gov

ACIMID Complete one form per facility.		www.aqmd.gov
Section A - Operator Information		
1. Facility Name (Business Name of Operator):		2. Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): Check he	ere if change of operator.	
Section B - Equipment Location Address	Section C - Business Mailing Add	dress
4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide main facility address.)	5. Correspondence Information: Check here if same as equipmen	t location address
Street Address , CA	Address	
City Zip	City	State Zip
Contact Name Title	Contact Name	Title
Phone # Ext. Fax #	Phone # Ext.	. Fax #
E-Mail:	E-Mail:	
Section D - Equipment Information		
fire exclusively on liquefied petroleum gases. (Amended May 3 6. Manufacturer: Model No.: Serial No.: Maximum Holding Capacity: Maximum Heat Input Rating: Type(s) of Fuel Burned:	Gallons BTU/HR	
If fuel used is other than liquefied petroled Fees are updated or For current fees, please see Rule 301 or	n July 1 of each year.	
Section E - Authorization/Signature I hereby certify that all information conta	ained herein and information submitted with	n this application are true and correct.
7. Signature of Responsible Official: 8. Title of Responsible Official:		
9. Print Name:	10. Date:	
11. Check List: Authorized Signature/Date Fees Enclosed		
AQMD APPLICATION TRACKING # EQUIPMENT CATEGORY CODE: USE ONLY	FEE \$	VALIDATION
A R ENG.A R CLASS ASSIGNMENT DATE I III Unit Engineer	CHECK/MONEY ORDER # AMOUNT \$	TRACKING #