



Rule 433 Gas Quality Monitoring Plan Form

Mail Plan Form To:
 Rule 433 Implementation Team
 SCAQMD
 21865 Copley Drive
 Diamond Bar, CA 91765

OPERATOR INFORMATION			
OPERATOR NAME		AQMD ID # OR NEW BUSINESS <input type="checkbox"/>	
OPERATOR ADDRESS			
CITY	STATE : CA	ZIP CODE	CONTACT PHONE
OPERATOR CONTACT PERSON		TITLE OF CONTACT PERSON	
TYPE OF BUSINESS		BUSINESS TYPE CODE (SEE INSTRUCTIONS)	
FOR THIS PLAN, HAS A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) DOCUMENT BEEN REQUIRED BY ANOTHER GOVERNMENT AGENCY? YES <input type="radio"/> NO <input type="radio"/>		DO YOU CLAIM CONFIDENTIALITY OF DATA? YES <input type="radio"/> NO <input type="radio"/>	
IF YES, ENTER NAME OF AGENCY:			

PLAN INFORMATION	
IS THIS AN INITIAL GQM PLAN SUBMITTAL PURSUANT TO RULE 433(e)(1)(B)? YES <input type="radio"/> NO <input type="radio"/>	
IS THIS A GQM PLAN AMENDMENT PURSUANT TO RULE 433(d)(2) YES <input type="radio"/> NO <input type="radio"/>	
COMMENTS OR SPECIAL INSTRUCTIONS	

So that your account can be credited properly, please mail the completed form(s), along with a check for \$505.35* to cover the Rule 433 Gas Quality Monitoring Plan submittal and evaluation fee for your facility, to the following address:

Rule 433 Implementation Team
 South Coast Air Quality Management District
 21865 Copley Drive
 Diamond Bar, CA 91765

*Fee subject to Rule 306

COMPANY INFORMATION			
COMPANY NAME		CONTACT PERSON	
MAILING ADDRESS		CITY	STATE ZIP CODE
CONTACT PHONE	E-MAIL	FAX	
SIGNATURE		DATE <input type="text"/>	

AQMD USE	APPLICATION NO.	DATE	CHECK NO.	AMOUNT \$	ASSIGNMENT UNIT
	ENGINEER A R DATE INITIAL				