Registration for Storage of Odorants for Natural Gas, Propane or Oil

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

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

AQMD Complete one form per equipment.		Tel: (909) 396-3385 www.aqmd.gov
Section A - Operator Information		
1. Facility Name (Business Name of Operator):		Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator):	Check here if change of operator	
Section B - Equipment Location Address	Section C - Business Mail	ing Address
Equipment Location Is: Fixed Location Various (For equipment operated at various locations, provide main facility at	bus Location ddress.) 5. Correspondence Information Check here if same as e	n: quipment location address
Street Address , CA	Address	
City Zip	City	State Zip
Contact Name Title	Contact Name	Title
Phone # Ext. Fax #	Phone # E-Mail:	Ext. Fax #
Section D - Equipment Information		
Model No.:		
For current fees, please see R	updated on July 1 of each year. Rule 301 or go to Rule 222 Filing P	rogram Web Page.
	formation contained herein and information subm	**
7. Signature of Responsible Official:	8. Title of Responsible Officia	:
9. Print Name: 10. Date:		
11. Check List: Authorized Signature/Date Fee:	s Enclosed	
AOMD APPLICATION TRACKING # EQUIPMENT CATED		VALIDATION
A R ENG.A R CLASS ASSIGNMENT DATE DATE I III Unit Engineer	CHECK/MONEY ORDER #	AMOUNT TRACKING #