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

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

ACIVID Compress one roum per oquipment		www.aqma.go
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 Opera	ator): Check here if change of operator	
Section B - Equipment Location Address	Section C - Business Ma	iling Address
Equipment Location Is: Fixed Location (For equipment operated at various locations, provide main factors)	Various Location 5. Correspondence Informati Check here if same as	on: equipment location address
Street Address	Address	
City , CA Zip	City	State Zip
Contact Name Title	Contact Name	Title
Phone # Ext. Fax #	Phone #	Ext. Fax #
E-Mail:	E-Mail:	
Section D - Equipment Information		
Model No.:		
Maximum Holding Capacity:	Gallons	
Type(s) of Fuel Burned:		
	are updated on July 1 of each year. see Rule 301 or go to Rule 222 Filing F	Program Web Page.
Section E - Authorization/Signature / hereby certify tha	t all information contained herein and information sub	mitted with this application are true and correct.
7. Signature of Responsible Official:	8. Title of Responsible Officia	
9. Print Name:	10. Date:	
11. Check List: Authorized Signature/Date	Fees Enclosed	
AQMD APPLICATION TRACKING # EQUIPMENT USE ONLY	CATEGORY CODE: FEE \$	VALIDATION
A R ENG.A R CLASS ASSIGNMENT	CHECK/MONEY ORDER #	AMOUNT TRACKING #