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

Tel: (909) 396-3385

Complete one form per				www.aqma	
Section A - Operator Information			12	Volid AOMD Engility ID	
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 opera	ator		
Section B - Equipment Location Address			Section C - Business Mailing Address		
4. Equipment Location Is:			Correspondence Information:     Check here if same as equipment location address		
Street Address		Address	Address		
City	, <b>CA</b> Zip	City		State Zip	
Contact Name	Title	Contact Name		Title	
Phone # Ex	Fax#	Phone #	Ext.	Fax #	
E-Mail:		E-Mail:			
Section D - Equipment Information	n				
capacity greater than or	equal to 251 gallons.		-		
Tank Designation	Tank Size (gallons)	Aboveground or Underground	Annual Throughpu (gallons)	t Equipped with Submerged Fill Pipe	
Example: South Tank	1000	Aboveground	20, 000	Yes	
Annual Throughput:	Amount of gasoline dispen	sed from the tank in a cal	endar vear.		
Aboveground/Underground: State whether the tank is buried underground			•		
Submerged Fill Pipe:	above the bottom of the ta side, means any fill pipe w inches above the bottom o	nk. "Submerged fill pipe hich has its discharge ope	," when applied to a tank ening entirely submerged	e liq uid level is six i nches whi ch is loaded from the when the liquid level is 18	
Ford	current fees, please see Ru			Page.	
Section E - Authorization/Signatu	, ,	mation contained herein and info	ormation submitted with this app	olication are true and correct.	
7. Signature of Responsible Official		8. Title of Respor	nsible Official:		
9. Print Name:		10. Date:			
11. Check List: Authorize	d Signature/Date Fees E	inclosed			
AQMD APPLICATION TRACKING USE ONLY	# EQUIPMENT CATEGOR	RY CODE: FEE \$		VALIDATION	
A R ENG.A R	CLASS ASSIGNMENT I III Unit Engineer	CHECK/MONEY	ORDER # AMOUNT \$	TRACKING #	

DATE