



South Coast Air Quality Management District

21865 E. Copley Drive, Diamond Bar, CA 91765-4182

Monitoring & Analysis Division ♦ Source Test Engineering Branch (909) 396-2281

CONTINUOUS EMISSIONS MONITORING SYSTEM (CEMS)¹ CHANGE-OF-OWNERSHIP FORM ST-210

Please fill out the requested information below, as completely as possible, and return it to the District c/o the Source Evaluations Branch. If additional space is required, attach supplementary pages to the end of this form. (This form is also available on disk in MS-Word97 format)

1. APPLICANT AND COMPANY INFORMATION:

Facility ID No:

Old ID No:

Old Facility Permit Holder : _____

Old Mailing Address : _____

New Facility Permit Holder : _____

New Mailing Address : _____

¹ This application also applies to Semi-Continuous CEMS or SCEMS, Fuel Sulfur Monitoring Systems (FSMS), "Associated" SO_x CEMS, and Alternative CEMS (ACEMS) such as Predictive Emissions Monitoring Systems (PEMS), allowed under RECLAIM.

Equipment Location : _____
 (Also include Company Name if different from Business License Name listed above)

New Company Contact : _____
 Name Phone

 Title

2. CEMS SOURCE MONITORING INFORMATION

(Complete the information requested on *Appendix A*, using the source information shown on your Facility Permit to Operate, Application, or Permit Conditions. Attach additional copies if required).

3. CEMS CHANGE-OF-OWNERSHIP BILLING

(Complete the information requested on attached *FORM ST-400* regarding payment of fees for CEMS Change-of-Ownership. Follow the fee schedule shown on the back of *FORM ST-400* according to District Rule 301(i)(5)(E), calculate the total fee for facility change-of -ownership, and attach a check for the total amount, along with these forms).

SIGNATURE OF COMPANY REPRESENTATIVE			
SIGNATURE: _____		DATE: _____	
_____ (NAME)	_____ (TITLE)	_____ (PHONE)	_____ (DATE)

(S C A Q M D U S E O N L Y)

E&C Verification (Applicant/Company information is correct):		<input type="checkbox"/> YES	<input type="checkbox"/> NO
E&C Comments: _____			
_____ (SSC ENGINEER)	_____ (UNIT)	_____ (DATE)	
SE Form ST-400 to Finance:		_____ (DATE)	_____ (SE ENGINEER)

CEMS SOURCE MONITORING INFORMATION

Complete the information requested below using the source information shown on your Facility Permit to Operate, Application, or Permit Conditions for all sources at this Facility ID required to have CEMS. Leave "New CEMS Information" blank, if the source names or designations are to remain unchanged. Do not use this form for adding a new CEMS, or modifying an existing CEMS:

Old CEMS Source Information		New CEMS Source Information		Additional Comments (as required)
Designation (Device ID, P/N, A/N)	Source Description	Designation (Device ID, P/N, A/N)	Source Description	

(cont'd)

Old CEMS Source Information		New CEMS Source Information		Additional Comments (as required)
Designation (Device ID, P/N, A/N)	Source Description	Designation (Device ID, P/N, A/N)	Source Description	