



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 Attn: Permit Services - Data Entry

REQUEST TO INACTIVATE A PERMIT TO OPERATE

PERMIT ISSUED TO:

1. Current Facility ID: _____
2. Company Name: _____
3. Company Address: _____
4. Permit Number: _____ Date Issued: _____
5. Equipment Description: _____

Reason for Inactivation:

Cancellation of the Permit to Operate described above is hereby requested for the following reason(s).
 Check all that apply:

- Equipment Sold Destroyed or Removed from premises. Effective Date: _____
- Equipment was replaced with (New Permit Number):
- Equipment will no longer be used. Date of disconnection: _____
- Equipment is exempt form permit requirements by AQMD Rule 219.
- Business & Equipment Sold. Effective Date: _____
 Name and Address of new owner: _____
- Other (explain): _____

It is understood that any future use of this equipment may require a new permit application in accordance with the laws then in effect.

Required Signatures:

Signature of Responsible Official of Organization	Title
Printed Name of Responsible Official of Organization	Date
Signature of AQMD Inspector (Optional)	Date