Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

Application For Permit To Construct and Permit To Operate

Section A: Operator Information							
1. Business Name of Operator To Appear On The Permit:							
Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): Owner's Business Name (only If diff					lly If different from Business Name of Operator):		
Section B: Equipment Location				Section C: Permit Mailing Address			
4. Equipment Location Address:				5. Permit and Correspondence Information:			
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site					Check here if same as equipment location address		
Street Address				Street Address			
CA, – City State Zip Code				City	State Zip Code		
County: Los Angeles Orange San Bernardino Riverside							
Contact Name: Contact Name:							
Contact Title: Phone:					ntact Title: Phone:		
				Fax:			
6. Reason for Submitting Application (Se		in i	RECLAIM Tit	ie v	RECLAIM & Title V Program (please check if applicable) 7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):		
New Construction (Permit to		Equipmen	t Altered/ Modified Withou	ut	8. Description of Equipment:		
Construct)	Permit App				o. Description of Equipment:		
Equipment Operating Without A Permit or Expired Permit*	Proposed A Equipment		Modification to Permitted				
Administrative Change	Change of	Condition	For Permit To Operate				
Equipment On-Site But Not Constructed or Operational	Change of Condition For Permit To Construct				9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Y		
Title V Application (Initial, Revisions, Modifications, etc.)	Change of Location—Moving to New Site				For <u>Identical</u> equipment, how many additional applications are being submitted with this application? (Form 400-A required for each)		
Compliance Plan	Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)			11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less <u>and</u> total gross receipts are \$500,000 or less, or a not-for-profit training center?) Yes			
Facility Permit Amendment							
Registration/Certification					12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for		
Streamlined Standard Permit					this equipment?		
* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D) No Yes If yes, provide NOV/NC #:							
Section E: Facility Business Information 13. What type of business is being conducted at this equipment location? 14. What is your businesses primary NAICS Code							
				14.	(North American Industrial Classification System)?		
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes				16.	Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Y		
Section F: Authorization/Signature I hereby certify that all information contained herein and information submitted with this application is true and correct.							
17. Signature of Responsible Official: 18. Title: Check List							
☐ Form(s) signed and dated by authorized official ☐ Supplemental Equipment Form (400-E-XX or 400-E-GEN)							
19. Print Name: 20. Date:				☐ CEQA Form (400-CEQA) attached			
					☐ Payment for permit processing fee attached		
					Your application will be rejected if any of the above items are missing.		
AQMD APPLICATION/TRACKING # TYPE EQUIPMENT CATEGOR B C D				ORY CO	ODE: FEE SCHEDULE: VALIDATION \$		
ENG. A R ENG. A	R (CLASS	ASSIGNMENT		CHECK/MONEY ORDER AMOUNT Tracking #		

DATE

I III IV Unit

Engineer