

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

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

Section A: Manufacturer Information	
1. Manufacturer Name:	
Section B: Corporate Address	Section C: Rule 314 Correspondence Address (if different)
3. Corporate Address:	4. Correspondence Address: Check here if same as manufacturer location facility address
Street Address	Street Address
City State Zip Code	City State Zip Code
Section D:	
5. AQMD Manufacturing Location Facility ID (if applicable):	
Section E: Authorization/Signature of Responsible Party - I hereby certify that all information contained herein is true and correct. This signed form will serve as a written submission for delegation of an authorized representative by the responsible party, if applicable.	
6. Signature of Responsible Party (As defined in Rule 314)	7. Title/Position
8. Print Name	9. E-Mail Address
10. Phone Number (numbers only)	11. Date (dd/mm/yyyy)
Section F: Authorized Representative/Signature - I hereby certify that I am the Authorized Representative for this Manufacturer	
12. Signature of Authorized Representative	13. Title/Position
14. Print Name	15. E-Mail Address
16. Phone Number (numbers only)	17. Date (dd/mm/yyyy)
18. Payment of \$168.62 is attached. (This application will not be accepted without payment.)	
AQMD Use Only Manufacturer ID Check/Money Order #	Amount \$ Validation