



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

Tel: (909) 396-3385

www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit:
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD):
3. Owner's Business Name (only If different from Business Name of Operator):

Section B: Equipment Location Section C: Permit Mailing Address

4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site
5. Permit and Correspondence Information: Check here if same as equipment location address

Section D: Application Type The facility is in RECLAIM Title V RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):
8. Description of Equipment:
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction?
10. For identical equipment, how many additional applications are being submitted with this application?
11. Are you a Small Business as per AQMD's Rule 102 definition?
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?

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 (North American Industrial Classification System)?
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location?

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:
19. Print Name:
20. Date:
Check List
Form(s) signed and dated by authorized official
Supplemental Equipment Form (400-E-XX or 400-E-GEN)
CEQA Form (400-CEQA) attached
Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE B C D, EQUIPMENT CATEGORY CODE:, FEE SCHEDULE: \$, VALIDATION, ENG. A R DATE, CLASS I III IV, ASSIGNMENT Unit Engineer, CHECK/MONEY ORDER #, AMOUNT \$, Tracking #