



South Coast Air Quality Management District
 Attn: Public Advisor
 21865 East Copley Drive
 Diamond Bar, CA 91765
 aganguli@aqmd.gov
 (909) 396-3529

APPLICATION FOR FINANCIAL ASSISTANCE FOR ALTERNATIVE DRY CLEANING EQUIPMENT PURCHASES

PLEASE NOTE THAT AQMD ALSO OFFERS AN ALTERNATIVE \$12,500 GRANT TO ANY CLEANER INTERESTED IN A PROFESSIONAL WET CLEANING DEMONSTRATION PROGRAM. FOR DETAILS SEE ATTACHED INFORMATION OR CALL AQMD CONTRACTOR, PETER SINSHEIMER, AT (323) 259-1420.

Section I - Company Information

LEGAL NAME OF OWNER _____

BUSINESS MAILING ADDRESS _____

EQUIPMENT ADDRESS/LOCATION _____

FACILITY NAME _____

NUMBER/STREET _____

FACILITY ID NUMBER _____

CITY _____ COUNTY **CA,** _____

ZIP CODE _____

PRINT NAME OF CONTACT PERSON _____

TITLE OF CONTACT PERSON _____

CONTACT PERSON'S TELEPHONE NUMBER
 () - _____

CONTACT PERSON'S FAX NUMBER
 () - _____

CONTACT PERSON'S E-MAIL ADDRESS
 _____ @ _____

Section II – Equipment Information

1. Equipment Type:

a. CO2

b. Hydrocarbon (AQMD permit application required)

c. Wet Clean

2. Equipment Data:

Equipment

Make

Model No.

Size

a. Cleaning Unit: _____

(Wet Cleaning Only):

b. Dryer: _____

c. Tensioning Equipment: _____

3. Equipment Cost

Procurement method: Cash Purchase Lease Bank Financing

a. Equipment Purchase (US \$): _____

b. Leaser's/Financer's Information (if applicable):

Name: _____ E-mail: _____ Phone: _____

Address: _____

c. Equipment Installation (US \$): _____

d. Installer's Information:

Name: _____ E-mail: _____ Phone: _____

Address: _____

4. Will the new machine replace a current Perchloroethylene ('Perc') machine?

No

Yes (if yes, specify):

Make: _____

Model: _____

Size: _____

Permit#: _____

5. Expected installation date: _____

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
 SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: _____

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: _____

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED: _____ / _____ / _____

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I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
 SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: _____ TITLE OF PREPARER: _____

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: _____

PREPARER'S TELEPHONE NUMBER

DATE SIGNED: _____ / _____ / _____

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