



**South Coast Air Quality Management District**

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**AB2588 AIR TOXICS DOCUMENT CERTIFICATION & APPLICATION FORM**

**Please check the appropriate boxes for purpose of submittal:**

**AIR TOXICS INVENTORY REPORT (ATIR)**

  

**FIRST YEAR'S ATIR**

**UPDATE ATIR**

**INVENTORY YEAR** \_\_\_\_\_

**HEALTH RISK ASSESSMENT (HRA)**

  

**INITIAL HRA**

**REVISED HRA**

**INVENTORY YEAR** \_\_\_\_\_

**Facility name**

**Company name**

**Facility address**

  

**Mailing address**

  

**SCAQMD Facility ID#**

**Facility SIC #**

**Contact Person (Company Official)**

**Telephone (Contact Person)**

**Preparer (if different from above)**

**Name:**

**Company:**

**Title:**

**Telephone:**

I SWEAR UNDER PENALTY OF PERJURY THAT THE DATA SUBMITTED WITH THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND CONFORM WITH THE INFORMATION REQUESTED BY THE SCAQMD. I FURTHER ACKNOWLEDGE THAT FAILURE TO SUBMIT THE REQUIRED INFORMATION OR KNOWINGLY SUPPLY FALSE INFORMATION IS SUBJECT TO CIVIL PENALTIES PURSUANT TO THE CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 44381(a) AND 44381(b).

**Signature Of Responsible Company Official**

**Date**

**Name Of Responsible Company Official (please print)**

**Title**