



South Coast Air Quality Management District

Form 444

Rule 444 Burn Management Plan



Mail To:
SCAQMD—Area Sources
21865 Copley Dr.
Diamond Bar, CA 91765

Burn Hot-Line: (909) 396-3403
www.aqmd.gov

For on-line instructions and current fees, [click here](#).

Section A - Agricultural Operator Information

1. Facility Name : _____	2. Valid SCAQMD Facility ID (Leave Blank If A New Business) _____
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Section B - Facility Business Information

3. What type of business is being conducted at this location? _____	4. What is your business primary NAICS Code? (North American Industrial Classification System) _____
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Section C - Facility Location Address

5. _____

Street Address _____

City _____, CA Zip _____

Contact Name _____ Title _____

Phone # _____ Ext. _____

E-Mail: _____

Section D - Mailing Address

6. Check here if same as equipment location address _____

Address _____

City _____, State _____ Zip _____

Contact Name _____ Title _____

Phone # _____ Ext. _____

E-Mail: _____

Section E - Land Owner Information

7. Land Owner Authorization Letter for Burner: Yes (ATTACH A COPY) N/A

Land Owner Name _____

Address Line 1 _____

Address Line 2 _____

Phone# _____

Section F - Project Location

8. _____

Address Line 1 _____

Address Line 2 _____

GPS Coordinates: _____ LATITUDE _____ LONGITUDE

Section G - Project Information

9. Agricultural Crop Burned: _____	10. Amount of Crop Burned: _____ Acres _____ Tons
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11. Identification and location of all Smoke Sensitive Areas _____

12. Fire Mitigation Resources _____

13. Local Fire Department : _____ Permit # : _____

Address _____ Phone #: _____

Section H - Burner Information

14. Company Name: _____	15. Contact Person: _____
Mailing Address: _____	Contact Phone#: _____
_____	Email: _____

As required by SCAQMD Rule 444(f)(1), submit an annual post burn evaluation report no later than January 31st of the following year.

Section I - Authorization/Signature *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

Signature of Responsible Official: _____	Title of Responsible Official: _____
Print Name: _____	Date: _____

SCAQMD USE ONLY	APPLICATION TRACKING #	CHECK #	AMOUNT RECEIVED \$	PAYMENT TRACKING #	VALIDATION				
DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN