



South Coast Air Quality Management District
Form 400-A
Application Form for Permit or Plan Approval
 List only one piece of equipment or process per form.

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section A - Operator Information

1. Facility Name (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 (If different from Business Name of Operator):	

Section B - Equipment Location Address **Section C - Permit Mailing Address**

4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide address of initial site.)	5. Permit and Correspondence Information: Check here if same as equipment location address
Street Address	Address
City , CA Zip	City ' State Zip
Contact Name Title	Contact Name Title
Phone # Ext. Fax #	Phone # Ext. Fax #
E-Mail:	E-Mail:

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs

7. Reason for Submitting Application (Select only ONE):

7a. New Equipment or Process Application:	7c. Equipment or Process with an Existing/Previous Application or Permit:	<div style="border: 1px solid black; padding: 5px;"> <p align="center">Existing or Previous Permit/Application</p> <p>If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number:</p> </div>
New Construction (Permit to Construct) Equipment On-Site But Not Constructed or Operational Equipment Operating Without A Permit * Compliance Plan Registration/Certification Streamlined Standard Permit	Administrative Change Alteration/Modification Alteration/Modification without Prior Approval * Change of Condition Change of Condition without Prior Approval * Change of Location Change of Location without Prior Approval * Equipment Operating with an Expired/Inactive Permit *	
7b. Facility Permits:	* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)).	
Title V Application or Amendment (Refer to Title V Matrix) RECLAIM Facility Permit Amendment		

8a. Estimated Start Date of Construction (mm/dd/yyyy):	8b. Estimated End Date of Construction (mm/dd/yyyy):	8c. Estimated Start Date of Operation (mm/dd/yyyy):
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9. Description of Equipment or Reason for Compliance Plan (list applicable rule):	10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)
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11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center) No Yes	12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? If Yes, provide NOV/NC#: No Yes
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Section E - Facility Business Information

13. What type of business is being conducted at this equipment location?	14. What is your business primary NAICS Code? (North American Industrial Classification System)
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15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes	16. Are there any schools (K-12) within 1000 feet of the facility property line? No Yes
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Section F - Authorization/Signature *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

17. Signature of Responsible Official:	18. Title of Responsible Official:	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) No Yes
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20. Print Name:	21. Date:	22. Do you claim confidentiality of data? (If Yes, see instructions.) No Yes
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23. Check List: Authorized Signature/Date Form 400-CEQA Supplemental Form(s) (ie., Form 400-E-xx) Fees Enclosed

AQMD 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