



South Coast Air Quality Management District

Form QCE-1
Corrections To Monthly Reported Emissions
(Major and Large Sources)
And Quarterly Reported Emissions
(Process Units and Equipment Exempt Under Rule 219)

Mail To:
SCAQMD, RECLAIM Administration
P.O. Box 4830
Diamond Bar, CA 91765-0830
Tel: (909) 396-3119
www.aqmd.gov

Facility Name: _____ Facility I.D. #: _____
(If known)
Quarter Ending: _____ Year: _____ Pollutant: NOx or SOx
Month *Year* *(Identify one pollutant only)*

Attach a separate form if more than one pollutant and/or more entries are needed.

Month	Fuel Meter (I.D. #)	Device (I.D. #)	(a)	Check If Quarterly	(b)	Reason For * Correction (Use one of the codes below)
			Previously Reported Emissions (LBS/MO or QTR)		Corrected Emissions (LBS/MO or QTR)	

* **Codes:**
"1" Data entry error.
"2" Missing data procedures were not followed.

Note: Attach a separate statement for each device corrected explaining the justification for the change.

Reported By *(Signature)* *(Print or Type Name)*

Title *(Print or Type Title)* **Phone #** **Ext.** **Date**