



South Coast Air Quality Management District  
 Attn: Public Advisor  
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 (909) 396-3529

# APPLICATION FOR FINANCIAL ASSISTANCE FOR ALTERNATIVE DRY CLEANING EQUIPMENT PURCHASES

Please note that grant funds are only available for cleaning equipment listed in the document titled "Equipment Report: CO2 and Professional Wet Cleaning Technologies." Additional equipment may be approved by AQMD on a case-by-case basis.

## Section I - Company Information

|                                   |                             |                                 |
|-----------------------------------|-----------------------------|---------------------------------|
| LEGAL NAME OF OWNER               |                             |                                 |
| BUSINESS MAILING ADDRESS          |                             |                                 |
| EQUIPMENT ADDRESS/LOCATION        |                             | FACILITY NAME                   |
| NUMBER/STREET                     |                             | FACILITY ID NUMBER              |
| CITY                              | COUNTY                      | 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

- Equipment Type:
  - CO2
  - Professional Wet Clean (must be AQMD approved system)
- Equipment Data:
 

| Equipment                         | Make  | Model No. | Size  |
|-----------------------------------|-------|-----------|-------|
| a. Cleaning Unit:                 | _____ | _____     | _____ |
| (Professional Wet Cleaning Only): |       |           |       |
| b. Dryer :                        | _____ | _____     | _____ |
| c. Tensioning Equipment:          | _____ | _____     | _____ |
- Equipment Cost
 

Procurement method:  Cash Purchase  Lease  Bank Financing

  - Equipment Purchase (US \$): \_\_\_\_\_
  - Leaser's/Financer's Information (if applicable):
 

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_
  - Equipment Installation (US \$): \_\_\_\_\_
  - Installer's Information:
 

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_
- Will the new machine replace a current Perchloroethylene ('Perc') machine?
 

No  Yes (if yes, specify):

|             |                |
|-------------|----------------|
| Make: _____ | Model: _____   |
| Size: _____ | Permit#: _____ |
- 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: |
| _____   | ( ) -                                   | / /          |

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: |
| _____  | ( ) -                       | / /          |