



South Coast Air Quality Management District  
 Attn: Public Advisor  
 21865 Copley Drive  
 Diamond Bar, CA 91765  
 dalatorre@aqmd.gov  
 (909) 396-3122

# 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: / /
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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: / /
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