



South Coast Air Quality Management District

**Form 200-A
Business Name Change**



Mail To:
SCAQMD - Permit Services - Data Entry
P.O. Box 4944
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385
www.aqmd.gov

This is a notification to the South Coast Air Quality Management District that the name of our business has been changed. **This is for a change of NAME ONLY and NOT a Change of Operator.** We understand new applications must be filed with the South Coast Air Quality Management District for each piece of equipment being operated by us for any change in the operator (Form 400-CO and Form 400-CEQA) or location (Form 400-A and Form 400-CEQA) of our business.

*I understand that **each permit at this facility must be reissued** with the new business name and that a reissue fee applies for each permit as per Rule 301. (Different fees apply to Title V and RECLAIM facilities as per Rule 301.)*

Section A - Request To Update/Correct Business Name of Operator

1. Current Facility ID: _____

2. Equipment Location: _____
Street Address _____
_____, CA _____
City State Zip

3. Old Business Name of Operator: _____

4. Correct/New Business Name of Operator: _____

5. Provide a copy of a legal document(s), such as, tax ID certificate or business license showing that this is a name change only.

6. List the application OR permit numbers to be reissued: _____
(See Rule 301 for current reissue fees.)

Section B - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

7. Signature of Responsible Official:	8. Title of Responsible Official:
9. Print Name:	10. Date:
11. Phone #:	12. Fax #:

AQMD USE ONLY

Documents received: _____

Verified by Compliance Staff: _____ Date: _____

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	