



South Coast Air Quality Management District
Form 200-B
Address and Contact Update/Correction

Mail To:
 South Coast AQMD-Permit Services
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 permitsonline@aqmd.gov
 Tel: (909) 396-3385, www.aqmd.gov

PLEASE NOTE:

Please provide new (and previous, if available) information only for those items you wish to change. To verify current information, please call Permit Services.

Section A – Operator Information

1. Facility Name (Business Name of Operator As It Appears On the Permit):	2. Valid AQMD Facility ID (Available On South Coast AQMD-issued Permit or Invoice)
_____	_____

Section B – Billing Mailing Address Update/Correction

3. Previous Billing Mailing Address and/or Contact:	4. New Billing Mailing Address and/or Contact:
Address _____	Address _____
City _____, State _____ Zip _____	City _____, State _____ Zip _____
Previous Billing Contact Name (If Known) _____	New Billing Contact Name _____
Previous Billing E-Mail Address (If Known) _____	New Billing E-Mail Address _____
Previous Billing Contact Title (If Known) _____	New Billing Contact Title _____
Previous Billing Phone # (If Known) _____	New Billing Phone # _____

Section C – Permit Mailing Address Update/Correction

5. Previous Permit Mailing Address and/or Contact:	6. New Permit Mailing Address and/or Contact:
Address _____	Address _____
City _____, State _____ Zip _____	City _____, State _____ Zip _____
Previous Permit Contact Name (If Known) _____	New Permit Contact Name _____
Previous Permit E-Mail Address (If Known) _____	New Permit E-Mail Address _____
Previous Permit Contact Job Title (If Known) _____	New Permit Contact Job Title _____
Previous Permit Phone # (If Known) _____	New Permit Phone # _____

Section D – Location Address Update/Correction

	IMPORTANT Please Read Before You Continue	<p><i>This section of the form is <u>NOT</u> to be used for physical relocation of permitted equipment. Changes to location address also require submission of 301(f)(2) reissue fee to reissue all permits with the new address.</i></p> <p><i>!!! See Page 2 for instructions on Location Address Update/Correction.</i></p>
--	--	--

7. Previous Location Address and/or Contact:	8. New Location Address and/or Contact:
Address _____	Address _____
City _____, State _____ Zip _____	City _____, State _____ Zip _____
Previous Location Contact Name (If Known) _____	New Location Contact Name _____
Previous Location E-Mail Address (If Known) _____	New Location E-Mail Address _____
Previous Location Contact Title (If Known) _____	New Location Contact Title _____
Previous Location Phone # (If Known) _____	New Location Phone # _____

Section E – Authorization/Signature

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

9. Signature of Responsible Official:	10. Title of Responsible Official:
_____	_____
11. Print Name:	12. Date:
_____	_____
	13. Phone #:

INSTRUCTIONS for Form 200-B, Section D – Location Address Update/Correction

This section of the form is NOT to be used for physical relocation of permitted equipment. Equipment that has been moved to a new location MUST be re-permitted. (Submit Forms 400-A, 400-CEQA, 400-E-xx, and appropriate fees for each permit.)

Changes to the location address are allowed ONLY for changes made by the city, county, post office or other agency due to rezoning, renaming or renumbering of the street address, etc. Include a copy of the notification from the agency regarding the address change.

Along with this form, also submit the required reissue fee(s) as listed in South Coast AQMD Rule 301(f) (2). The fee is required because all South Coast AQMD permits at the facility must be reissued to reflect the new location address.