



**Form 400-AO**  
**Application For Additional Operator**



Submit one form for each application/permit.

**Mail To:**  
SCAQMD  
P.O. Box 4944  
Diamond Bar, CA 91765-0944  
Tel: (909) 396-3385  
www.aqmd.gov

**Section A - Current Operator Information**

1. Facility Name (Business Name of Operator As It Appears On The Permit): \_\_\_\_\_  
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): \_\_\_\_\_

**Section B - Additional Operator Information**

3. Business Name of Operator As It Should Appear On The Additional Operator's Permit: \_\_\_\_\_  
4. Owner's Business Name (If different from Business Name of Operator): \_\_\_\_\_  
**New AQMD Facility ID**  
(TO BE COMPLETED BY AQMD)

**Section C - Equipment Location Address**

5. Fixed Location \_\_\_\_\_ Various Location \_\_\_\_\_  
(For equipment operated at various locations, provide address of initial site.)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_, CA \_\_\_\_\_  
State Zip  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Section D - Permit Mailing Address**

6. Permit and Correspondence Information:  
Check here if same as equipment location address  
Address \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Section E - Facility Business Information**

7. What business is conducted at this location? \_\_\_\_\_  
8. What is your primary NAICS Code (North American Industrial Classification System)? \_\_\_\_\_  
9. Are you a small business as per AQMD's Rule 102 definition?  
(10 employees or less and total gross receipts are \$500,000 or less or a not-for-profit training center) No Yes

**Section F - Application or Permit Information**

10. Application Number: \_\_\_\_\_ 11. Permit Number: \_\_\_\_\_ (Please attach a copy)

**Section G - Signature and Authorization for Additional Operator**

I HEREBY AUTHORIZE THE ADDITIONAL OPERATOR TO OBTAIN A PERMIT FOR THE EQUIPMENT AS SPECIFIED ABOVE.

12. Check all that apply: I am the Primary Operator _____ Owner _____	16. Date: _____	<b>Checklist</b> Form signed? Payment attached? Copy of existing permit attached? Form 400-CEQA attached?
13. Signature: _____	17. Phone: _____	
14. Print Name: _____		
15. Title: _____		
18. Signature of Additional Operator: _____	21. Date: _____	
19. Print Name: _____	22. Phone: _____	
20. Title: _____		

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	