South Coast Air Quality Management District

Form 400 - XPP

Express Permit Processing Request

Form 400-A, Form 400-CEQA and one or more 400-E-xx form(s) must accompany all submittals.

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

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

Section A - Operator Information

1. Facility Name (Business Name of Operator To Appear On The Permit):

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Section B - Equipment Location Address

3. ◯ 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 C - Permit Mailing Address

4. 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 D - Authorization/Signature

I understand that the Expedited Permit Processing fees must be submitted at the time of application submittal, and that the application may be subject to additional fees per Rule 301. I understand that requests for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval; that Express Permit Processing is subject to availability of qualified staff; and that once Express Permit Processing has commenced, the expedited fees will not be refunded. I hereby certify that all information contained herein and information submitted with the application are true and correct.

5. Signature of Responsible Official:	6. Title of Responsible Official:
7. Print Name of Responsible Official:	8. Date:
9. Phone #:	10. Fax #:

Validate/Print Reset

AQMD USE ONLY	APPLICATION TRACKING #		TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: $		VALIDATION
ENG. DATE A R	ENG. DATE A R		CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT $	TRACKING #

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