



South Coast Air Quality Management District

Form CERE

**Regional Clean Air Incentives Market (RECLAIM)
Corrections to Electronically Reported Emissions**

Mail To:
SCAQMD, RECLAIM Administration
P.O. Box 4830
Diamond Bar, CA 91765-0830
Tel: (909) 396-3119
www.aqmd.gov

Facility Name: _____ Facility I.D. #: _____
(If known)
Quarter Ending: _____, _____
Month Year

- This form is to be used only for corrections made beyond quarterly reconciliation period. The reconciliation period is 30 days after the end of the quarter for the first three quarters and 60 days for the last quarter of each compliance year.
- Do not use this form for corrections made within the reconciliation period. These corrections must be electronically transmitted to the AQMD Central Station Computer via RTU or modem.
- This form can only be submitted along with a completed Quarterly Certification of Emissions Report (Form QCER) for the quarter during which the corrections are being made.

Emission Date	Corrected Emission (LBS.)	Record Submitted	Corrected Record	Reason for Corrections

Attach any proof you may have to demonstrate that the error was caused by conditions beyond the reasonable control of the permit holder.

Reported By _____ *(Signature)* _____ *(Print or Type Name)* Facility

Title _____ *(Print or Type Title)* **Phone #** _____ **Ext.** _____ **Date** _____