

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)	
Nonth: Year:			Pollutant: (Identify one pollutar	NOx or SOx
Recorded Data				Reported Data***
Fuel Meter and/or Timer (I.D. #)	Device* (I.D. #)		Check If Quarterly**	Equipment Specific Monthly Emissions (LBS/MO or LBS/QTR)
* For equipment exempt under Rule 219, please indicate with "R219".				
** Check if reporting quarterly emissions for process unit or Rule 219 equipment.				
*** Monthly emissions calculated from Form NOx/SOx-2 or NOx/SOx-5; Quarterly emissions calculated from Form				
NOx/SOx-3, NOx/SOx-4, or NO		100000, Q	darterry errissions	
Reported By (Signature)		(Print or Type Name)		
Title (Print or	Type Title)	Phone #	Ext	Date