South Coast Air Quality Management District

Form NOx/SOx-1
Regional Clean Air Incentives Market (RECLAIM)
Monitoring, Reporting, and Recordkeeping (MRR) Form

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)

Month: _____ Year: _____ Pollutant: ○ NOx or ○ SOx *(Identify one pollutant only)*

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)
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* 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 NOx/SOx-5.

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

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

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Validate/Print Reset