



South Coast Air Quality Management District

**Form NOx/SOx-5**

**Regional Clean Air Incentives Market (RECLAIM)**

**Recordkeeping Form for Non-Fuel Based Sources And Units**

Form used to calculate emissions and to be kept at the Facility.



**Mail To:**  
SCAQMD, RECLAIM Administration  
P.O. Box 4830  
Diamond Bar, CA 91765-0830

Tel: (909) 396-3119  
[www.aqmd.gov](http://www.aqmd.gov)

- Use This Form **only if** emissions cannot be calculated on forms NOx/SOx-2, NOx/SOx-3 or NOx/SOx-4
- Use Form NOx/SOx-1 and Quarterly Certification of Emissions to report emissions to the AQMD

Facility Name: \_\_\_\_\_ Facility I.D. #: \_\_\_\_\_  
 (If known)

Select One:

**Monthly:** Month: \_\_\_\_\_ Year: \_\_\_\_\_ Pollutant: NOx or SOx  
 (Identify one pollutant only)

**Quarterly:** Quarter Begins: \_\_\_\_\_ Quarter Ends: \_\_\_\_\_ Pollutant: NOx or SOx  
 (Identify one pollutant only)

Recorded Data							
(A)	(B)	(C)			(D)	(E)	(F)
Measuring Instrument (I.D. #)	Device (I.D. #)	Process (Monthly or Quarterly)			Appropriate Units	Associated Emission Factor	Equipment-Specific Monthly Emissions (LBS) (c)x(F)
		Final Reading (a)	Initial Reading (b)	Process Total (c) = (a-b)			

Reported By \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print or Type Name)

Title \_\_\_\_\_ (Print or Type Title) Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_