

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

> Tel: (909) 396-3385 www.agmd.gov

Section A Operator Information			aqına.gev
Section A - Operator Information		2 1/4/:4 4	OMD Facility ID
Facility Name (Business Name of Operator):			QMD Facility ID blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): Check he	re if change of operator	_	
Section B - Equipment Location Address	Section C - Business Mail	ling Address	
Street Address . CA	Address		
City Zip	City	State	Zip
Contact Name Title	Contact Name	Title	
Phone # Ext. Fax # E-Mail:	Phone # E-Mail:	Ext. Fax #	
Section D - Equipment Information			
Model No.: Serial No.: Maximum Heat Input Rating: Type(s) of Eyel Burned:	TU/HR		
Fees are updated on July 1 of each year. For current fees, please see Rule 301 or go to Rule 222 Filing Program Web Page. Section E - Authorization/Signature I hereby certify that all information contained herein and information submitted with this application are true and correct.			
7. Signature of Responsible Official: 8. Title of Responsible Official:			
9. Print Name: 10. Date:			
11. Check List: Authorized Signature/Date Fees Enclosed			
AQMD APPLICATION TRACKING # EQUIPMENT CATEGORY CODE: USE ONLY	FEE \$	\	/ALIDATION
A R ENG.A R CLASS ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT	TRACKING #