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

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

| | | | mm.aqma.gov |
|---|--|----------------------|--|
| Section A - Operator Information | | | |
| 1. Facility Name (Business Name of Operator): | | 2. Valid A (Leave | AQMD Facility ID blank if a new business): |
| 3. Owner's Business Name (If different from Business Name of Operator): Check he | ere if change of operator | _ | |
| Section B - Equipment Location Address | Section C - Business Mai | ling Address | |
| 4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide main facility address.) | 5. Correspondence Information | - | SS |
| Street Address , CA | Address | | |
| City Zip | City | Stat | te Zip |
| Contact Name Title | Contact Name | Title | |
| Phone # Ext. Fax # | Phone # | Ext. Fax # | · · |
| E-Mail: | E-Mail: | | |
| Section D - Equipment Information | | | |
| heat input capacity of 250,000 Btu per hour or less. (Amended | | | |
| 6. Manufacturer: | | | <u></u> |
| Model No.: | | | |
| Serial No.: | | | |
| Rated Heat Input Capacity: | BTU/Hr | | |
| Type(s) of Fuel Burned: | | | |
| Fees are updated of For current fees, please see Rule 301 o | n July 1 of each year. r go to <u>Rule 222 Filing</u> P | rogram Web Page | <u>.</u> |
| Section E - Authorization/Signature I hereby certify that all information cont | | | n are true and correct. |
| 7. Signature of Responsible Official: | 8. Title of Responsible Officia | l: | |
| 9. Print Name: | 10. Date: | | |
| 11. Check List: Authorized Signature/Date Fees Enclosed | | | |
| AQMD APPLICATION TRACKING # EQUIPMENT CATEGORY CODE: | FEE \$ | | VALIDATION |
| A R ENG.A R CLASS ASSIGNMENT DATE I III Unit Engineer | | AMOUNT \$ | TRACKING # |