



# South Coast Air Quality Management District

Form - M

## Application for Manufacturer ID Number

Rule 314       Rule 1143

Mail Application to:  
South Coast AQMD  
P.O. Box 4944 Diamond Bar,  
CA 91765

Tel: (909) 396-3385

[www.aqmd.gov](http://www.aqmd.gov)

### Section A: Manufacturer Information

1. Manufacturer Name: \_\_\_\_\_

### Section B: Corporate Address

2. Corporate Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section C: Correspondence Address (If Different)

3. Correspondence Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section D:

4. AQMD Manufacturing Location Facility ID (if applicable): \_\_\_\_\_

**Section E: Authorization/Signature of Responsible Party - I hereby certify that all information contained herein is true and correct.  
This signed form will serve as a written submission of an authorized representative by the responsible party, if applicable.**

5. Signature of Responsible Party

\_\_\_\_\_

\_\_\_\_\_

6. Title/Position

\_\_\_\_\_

\_\_\_\_\_

### Section F: Authorized Representation/Signature - I hereby certify that I am the Authorized Representative for this Manufacturer

11. Signature of Authorized Representative

\_\_\_\_\_

\_\_\_\_\_

12. Title/Position

\_\_\_\_\_

\_\_\_\_\_

17. Payment of \$220.58 is attached. **Note: no fee required for changes to Responsible Party or Authorized Representative.**

AQMD  
Use Only

Manufacturer ID

Check/Money Order #

Amount \$

Validation

Assignment Unit:

L