

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.agmd.gov

Section A: Manufacturer Information				
1. Manufacturer Name:				
Section B: Corporate Address		Section C: Correspondence Address (If Different)		
2. Corporate Address:		3. Correspondence Address:	, ,	
Street Address		Street Address		
Street Address		Stieet Address		
City	State Zip Code	City	State	Zip Code
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		
7. Print Name		8. E-Mail Address		
7. Fillit Name		O. E-Iviali Address		
9. Phone Number (numbers only)		10. Date (mm/dd/yyyy)		
Section F: Authorized Representation/Signature - I hereby certify that I am the Authorized Representative for this Manufacturer				
11. Signature of Authorized Representati	, ,	12. Title/Position		
42 Drint Name		14 E Mail Address		
13. Print Name		14. E-Mail Address		
15. Phone Number (numbers only)		16. Date (mm/dd/yyyy)		
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17. Payment of \$248.06 is attached. Note: no fee required for changes to Responsible Party or Authorized Representative.				
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AQMD Manufacturer ID	Check/Money Order #	Amount \$	Validation	Assignment Unit:
Use Only				L