South Coast Air Quality Management District

Form R1415

Registration Form for Rule 1415 Refrigerant Usage for Air Conditioning Systems

For online instructions and current fees, *click here*.

Section A - Operator Information

1. Facility Name (Business Name of Operator):

2. Valid AQMD Facility ID
(Leave blank if a new business):

3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address

Section C - Business Mailing Address

4. Equipment Location Is:

Street Address

_____, **CA** _____
City   Zip

Contact Name   Title

Phone #   Ext.   E-Mail

5. Correspondence Information:
   Check here if same as equipment location address

Address

_____, _____
City   State   Zip

Contact Name   Title

Phone #   Ext.   E-Mail

Section D - Equipment Information/ Refrigerant Usage

6. For each air conditioning system at the above facility location that holds >50 lbs. of high global warming potential refrigerant, e.g., CFC(Chlorofluorocarbon), HCFC (Hydrochlorofluorocarbon), HFC (Hydrofluorocarbon), PFC (PERFLUOROCARBON), etc, please provide the following information:

Unit > 50 lbs.	Manufacturer	Model Number	Serial Number	Refrigerant Type	Storage Capacity (lbs. of refrigerant)	Date of Last Audit/ Maintenance	Refrigerant Added Annually (lbs.)	
							Usage Year (_____)	Usage Year (_____)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

If there are more than 10 units please attach an additional form.

Section E - Facility Business Information

7. What type of business is being conducted at this equipment location?

8. What is your business primary NAICS Code (North American Industrial Classification System)?

Section F - Authorization/Signature   *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

9. Signature of Responsible Official:

10. Title of Responsible Official:

11. Print Name:

12. Date:

13. Check List: Authorized Signature/Date   Fees Enclosed

AQMD USE ONLY	APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:	FEE $		VALIDATION
DATE A R	ENG.A R DATE	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT $	TRACKING #

© South Coast Air Quality Management District, Rule 1415 Registration Form (2014.03)