# Rule 1403 Web Application Overview

Registration is REQUIRED
Completing Notifications completely ONLINE
ONLINE fee payment for Notifications
ONLINE submission of Notifications
Mail, email, fax no longer allowed for contractors

# Rule 1403 Web Application Registration South Coast AQMD Facility ID

## A South Coast AQMD Facility ID is REQUIRED in order to Register for the Rule 1403 Notification Web Application

If your company does not have a Facility ID, call the Asbestos Hotline at (909) 396-2336 to request one and have the following information available\*:

- Company Name
- Company Address
- Company Mailing Address (if different)
- Owners Name
- Phone Number
- Contractor License (CSLB)#

\*Please note, it can take up to three (3) business days to receive the Facility ID

# REGISTRATION



# Choose the Application for which You Wish to Register

### (To choose an application, click the gray circle to slide it to the right and turn it blue)

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#### Select Applications

Select	Applications	Descriptions	
	Rule 1403 Asbestos Notification	Rule 1403 Notifications: Asbestos Removal and Demolition Projects	
	Replace Your Ride	Replace Your Ride Web Application	
	On-Line Application Filing	On-Line Application Filing	
	Online Training System	Registration system for SCAQMD Training classes.	
Cancel			Select User Roles 🔰

# Identify this User Registration as one that will complete and/or pay for notifications

#### (To choose a User Role, click the gray circle to slide it to the right and turn it blue)



Select	Question	
	Move the Select button (on the left) if this registration is for someone who will complete and pay for Notifications.	
Select A	pplications	Select Report

# After Choosing Your Role,

# Identify the facility for which you will be completing Notifications

(Enter your Facility ID in the space shown, and click the Tab key on your keyboard to verify your company name)



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#### Select User Roles

Rule 14	403 Asbestos Notification User Roles - Select one or multiple user roles from the list	
Select	Question	
	Move the Select button (on the left) if this registration is for someone who will complete and pay for Notifications.          Facility ID       Facility Name	
	Facility ID*	
	+ More facilities	
Select A	pplications	Select Reports 🗲

Next, identify this registration as one for someone who will be authorized to Officially Sign and Submit Notifications for the facility

#### (To choose Reports, click the gray circle to slide it to the right and turn it blue)



# And, again, identify the facility for which this registration will be authorized to Officially Sign and Submit Notifications

#### (Enter your Facility ID in the space shown, and click the Tab key on your keyboard to verify your company name)

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#### Select Reports

Select	Name	Description	
	Notification	Move the Select button (on the left) if this registration is for someone who will be authorized to sign and submit Notifications.          Facility ID       Facility Name <ul> <li></li></ul>	

# **Enter Profile Information**

#### (For your "Personal Information", please provide your personal WORK information)



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#### **User Profile**

#### Hide Tooltip

Jsername & Password	Captcha
Username * Password * Confirm Username Confirm Password *	l'm not a robot
Personal Information	Terms and Conditions
First Name     Middle Name     Last Name       Address Line 1     *       Address Line 2	The information you provide will be used to correspond with you and help u better tailor our communications to your interests. We are committed to maintaining your privacy during your visit to aqmd.gov. However, if you are uncomfortable providing this information, please click on the "Cancel" button below to exit the registration. By submitting this information, you consent to us using it as described above and sharing it within our global organization for these purposes. I declare under penalty of perjury that I am a duly authorized representative of the entity required to file this form
City * Select State • Zip Code * Phone * Extension	I agree that I have read the terms and conditions
Email Address * Confirm Email Address *	

## Select Security Questions & Answers

(Hint: Write these down, or take a screenshot. You will be required this information regularly.)

South Coast AQMD	South Coast Air Quality Manag	ement District	
Security Q	uestions & Answers		
Se	curity Questions - Select 8 unique	questions and provide their ar	iswers
The	e following 5 questions will be used VE the answers to these questions.	to validate your logins ar	nd user report submissions. SCAQMD Staff WILL NEVER
1.	Select Question	•	Provide answer
2.	Select Question	•	Provide answer
3.	Select Question	•	Provide answer
4.	Select Question	•	Provide answer
5.	Select Question	•	Provide answer
The	e following 3 questions will be used I our SCAQMD Staff for support. SC/	to reactivate your accour AQMD Staff WILL HAVE th	nt in case you forget your username/password and need to ne answers to these questions.

1.	Select Question 🗸	]	Provide answer	
2.	Select Question 🔻	]	Provide answer	
3.	Select Question 🔻	]	Provide answer	

Input User Profile



# Registered! Almost ...

(You must verify that we got your correct email address by clicking the link in the email we sent you. Don't forget to check your email! Then, click the "Go to Dashboard" button pictured here.)

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# You've successfully passed through the AQMD Security Portal, But there are Registration Tasks Remaining!

#### (Please click the "Remaining Registration Task" link shown here.)





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Dashboard	

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VIV.	м.			

My Reports

Logout

\*

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ted task(s) has already been sent to Click the button to resend the same email.
click the button below to download a 🖻 PDF document with instructions.

# **Environmental Protection Agency** (EPA)

requires that the signature on this document be witnessed by a <u>Notary Public</u>, because it authorizes this set of <u>Login Credentials</u> to <u>Officially Sign and Submit Notifications for this Facility</u>

Name of electronic signature holder:				
(Subscriber)	(Print M	Name)		
Signature of electronic signature holder:				
(Subscriber)	(Sign in presen	ice of Notary)		
Official's Title:			Date:	
			Date.	
Notary Acknowledgement:				
A notary public or other officer completing which this certificate is attached, and not the State of California, County of	this certificate e truthfulness, a	verifies only the i accuracy, or valid	dentity of the indi ity of that docume	vidual who signed the document to ent.
A notary public or other officer completing which this certificate is attached, and not the State of California, County of Subscribed and sworn to (or affirmed) before me on this	this certificate e truthfulness, a sday	verifies only the i accuracy, or valid	dentity of the indi ity of that docume	vidual who signed the document to ent.
A notary public or other officer completing which this certificate is attached, and not the State of California, County of Subscribed and sworn to (or affirmed) before me on this	this certificate e truthfulness, a sday Date	verifies only the i accuracy, or valid of Month	dentity of the indi ity of that docume ,, ,,	vidual who signed the document to ent.
A notary public or other officer completing which this certificate is attached, and not the State of California, County of Subscribed and sworn to (or affirmed) before me on this	this certificate e truthfulness, a sday Date	verifies only the i accuracy, or valid of Month	dentity of the indi ity of that docume ,, ,, 	vidual who signed the document to ent.
A notary public or other officer completing which this certificate is attached, and not the State of California, County of Subscribed and sworn to (or affirmed) before me on this by Printed Name	this certificate e truthfulness, a sday Date e of Signer (Subscribe	verifies only the i accuracy, or valid of Month	dentity of the indi ity of that docume ,, ,, 	vidual who signed the document to ent.
A notary public or other officer completing which this certificate is attached, and not the State of California, County of Subscribed and sworn to (or affirmed) before me on this by Printed Name proved to me on the basis of satisfactory evidence to be the	this certificate e truthfulness, a 5 day Date e of Signer (Subscribe he person who app	verifies only the i accuracy, or valid of Month r) peared before me.	dentity of the indi ity of that docume ,, ,, 	vidual who signed the document to ent.
A notary public or other officer completing which this certificate is attached, and not the State of California, County of	this certificate e truthfulness, a s day Date e of Signer (Subscribe he person who app	verifies only the i accuracy, or valid of Month	dentity of the indi ity of that docume ,, ,, 	vidual who signed the document to ent.

# Registering for SCAQMD's Rule 1403 Notification Web App

## 1. Obtain a Facility ID (if your company doesn't already have one)

If your company does not have a Facility ID, call the Asbestos Hotline at (909) 396-2336 to request one and have the following information available: Company Name, Company Address, Company Mailing Address (if different), Owners Name, Phone Number, Contractor License (CSLB)#. (Please note, it can take up to three (3) business days to receive the Facility ID).

## 2. Go Online

Go to https://xappprod.aqmd.gov/cromsp, click "Not Registered? Create an Account" complete the information as requested and print the registration materials.

## 3. Complete the Subscriber's Agreement

Locate the Subscriber's Agreement in the printed registration materials. This document is to be completed by all users. Some portions of the document require handwritten entries; the document must also be signed in the presence of a Notary Public.

# 3. Complete the Signing Authoring Agreement

Locate the Signing Authority Agreement in the printed registration materials. This document is to be completed and signed only by individuals signing and submitting the Notifications for their company.

4. Mail the completed, notarized registration package to SCAQMD via USPS, UPS, FedEx, DHL, etc., at:

Rule 1403 Notification Electronic Reporting Verification South Coast AQMD 21865 Copley Dr. Diamond Bar, CA 91765

## 5. SCAQMD Review

SCAQMD staff will review each registration package to verify that the person submitting the package is authorized to represent and sign Notifications electronically for the abatement and/or demolition company with the user's login credentials.

## 6. SCAQMD Approval

SCAQMD staff will acknowledge by email the successful completion of the registration process and provide authorization to submit online Rule 1403 Notifications to SCAQMD.

# Rule 1403 Web Application

- ALL contractors are required to submit Notifications through the Web App
- Only homeowners, submitting 10 Working-Day Notifications, will be allowed to mail in Notifications

Questions? Please call our Asbestos Hotline at (909) 396-2336