



Form 200-B
Mailing Address Update/Correction

Mail To:
SCAQMD - Permit Services
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

Section A - Operator Information

1. Facility Name (Business Name of Operator As It Appears On The Permit): _____	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____
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Section B - Request To Update/Correct Permit Mailing Address

3. Equipment Location:

 Street Address
 _____, **CA** _____
 City State Zip

4. Old Permit Mailing Address:

 Street Address
 _____, _____
 City State Zip

5. Correct/New Permit Mailing Address:

 Street Address
 _____, _____
 City State Zip

Section C - Request To Update/Correct Billing Mailing Address

6. Equipment Location:

 Street Address
 _____, **CA** _____
 City State Zip

7. Old Billing Mailing Address:

 Street Address
 _____, _____
 City State Zip

8. Correct/New Billing Address:

 Street Address
 _____, _____
 City State Zip

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

9. Signature of Responsible Official: _____	10. Title of Responsible Official: _____
11. Print Name: _____	12. Date: _____
13. Phone #: _____	14. Fax #: _____