



South Coast Air Quality Management District

**Form CERE**

**Regional Clean Air Incentives Market (RECLAIM)  
Corrections to Electronically Reported Emissions**

**Mail To:**  
SCAQMD, RECLAIM Administration  
P.O. Box 4830  
Diamond Bar, CA 91765-0830  
Tel: (909) 396-3119  
[www.aqmd.gov](http://www.aqmd.gov)

Facility Name: \_\_\_\_\_ Facility I.D. #: \_\_\_\_\_  
(If known)  
Quarter Ending: \_\_\_\_\_, \_\_\_\_\_  
Month Year

- This form is to be used only for corrections made beyond quarterly reconciliation period. The reconciliation period is 30 days after the end of the quarter for the first three quarters and 60 days for the last quarter of each compliance year.
- Do not use this form for corrections made within the reconciliation period. These corrections must be electronically transmitted to the AQMD Central Station Computer via RTU or modem.
- This form can only be submitted along with a completed Quarterly Certification of Emissions Report (Form QCER) for the quarter during which the corrections are being made.

Emission Date	Corrected Emission (LBS.)	Record Submitted	Corrected Record	Reason for Corrections

**Attach any proof you may have to demonstrate that the error was caused by conditions beyond the reasonable control of the permit holder.**

\_\_\_\_\_

**Reported By** \_\_\_\_\_ *(Signature)* \_\_\_\_\_ *(Print or Type Name)* Facility

\_\_\_\_\_

**Title** \_\_\_\_\_ *(Print or Type Title)* **Phone #** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Date** \_\_\_\_\_