



South Coast Air Quality Management District

Form NOx/SOx-5

Regional Clean Air Incentives Market (RECLAIM)

Recordkeeping Form for Non-Fuel Based Sources And Units

Form used to calculate emissions and to be kept at the Facility.

Mail To:
SCAQMD, RECLAIM Administration
P.O. Box 4830
Diamond Bar, CA 91765-0830

Tel: (909) 396-3119
www.aqmd.gov

- Use This Form **only if** emissions cannot be calculated on forms NOx/SOx-2, NOx/SOx-3 or NOx/SOx-4
- Use Form NOx/SOx-1 and Quarterly Certification of Emissions to report emissions to the AQMD

Facility Name: _____ Facility I.D. #: _____
 (If known)

Select One:

Monthly: Month: _____ Year: _____ Pollutant: NOx or SOx
 (Identify one pollutant only)

Quarterly: Quarter Begins: _____ Quarter Ends: _____ Pollutant: NOx or SOx
 (Identify one pollutant only)

Recorded Data							
(A)	(B)	(C)			(D)	(E)	(F)
Measuring Instrument (I.D. #)	Device (I.D. #)	Process (Monthly or Quarterly)			Appropriate Units	Associated Emission Factor	Equipment-Specific Monthly Emissions (LBS) (c)x(F)
		Final Reading (a)	Initial Reading (b)	Process Total (c) = (a-b)			

Reported By _____ (Signature) _____ (Print or Type Name)

Title _____ (Print or Type Title) Phone # _____ Ext. _____ Date _____