



South Coast Air Quality Management District

Form - M*

Application for Manufacturer ID Number

- Rule 314
- Rule 1143

Mail Application to
 SCAQMD:
 P.O. Box 4944
 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

Section A: Manufacturer Information	
1. Manufacturer Name: _____	
Section B: Corporate Address	Section C: Correspondence Address (If Different)
2. Corporate Address: _____	3. Correspondence Address: _____
Street Address	Street Address
_____	_____
City State Zip Code	City State Zip Code
Section D:	
4. AQMD Manufacturing Location Facility ID** (if applicable): _____	
Section E: Authorization/Signature of Responsible Party - I hereby certify that all information contained herein is true and correct. This signed form will serve as a written submission of an authorized representative by the responsible party, if applicable.	
5. Signature of Responsible Party	6. Title/Position
7. Print Name	8. E-Mail Address
9. Phone Number (numbers only)	10. Date (mm/dd/yyyy)
Section F: Authorized Representation/Signature - I hereby certify that I am the Authorized Representative for this Manufacturer	
11. Signature of Authorized Representative	12. Title/Position
13. Print Name	14. E-Mail Address
15. Phone Number (numbers only)	16. Date (mm/dd/yyyy)
17. Payment of \$174.57 is attached. <input type="checkbox"/> This application will not be accepted without payment	

AQMD Use Only	Manufacturer ID	Check/Money Order #	Amount \$	Validation	Assignment Unit: L
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* Previously called Form 314M

** Manufacturers can use existing facility ID#, if applicable