South Coast Air Quality Management District Form 200-C Request To Inactivate A Permit To Operate				Mail To: SCAQMD - Permit Services P.O. Box 4944 Diamond Bar, CA 91765-0944	
South Coast				Tel: (909) 396-3385 www.aqmd.gov	
Section A - Permit Information					
1. Facility Name (Business Name of O	perator As It Appears On The Per	AQ	id AQMD Facility ID (A MD):	Available On Permit Or Invoice Issued By	
3. Permit Number:			e Issued:		
5. Equipment Description:					
Section B - Equipment Location Ad	Section C - Permit Mai	Section C - Permit Mailing Address			
6. Fixed Location Various Location (For equipment operated at various locations, provide address of initial site.)			7. Permit and Correspondence Information: Check here if same as equipment location address		
Street Address		Address			
City	, <b>CA</b> State Zip	City		State Zip	
Contact Name	Title	Contact Name		Title	
Phone # Ex	kt. Fax #	Phone #	Ext.	Fax #	
E-Mail		E-Mail			
Section D - Reason for Inactivation					
Equipment is exempt from per Business & Equipment Sold.	perated. Date Operation Ended:	219. Indicate Rule Section:			
N	ame:				
Ad	ddress:				
		Phone #:			
Other (explain):					
It is understood th Section E - Authorization/Signature		nent may require a new permit application	in accordance with th	ne laws then in effect.	
		submitted with this application is true an	d correct.		
9. Signature of Responsible Official:		10. Title of Responsible Official:			
11. Print Name of Responsible Offici	12. Date:	12. Date:			
13. Phone #:		14. Fax #:			
15. Signature of AQMD Inspector		16. Date:			
USE ONLY 17. Print Name:		18. Phone	9#:		