Mail To: SCAQMD P.O Box 4944 Diamond Bar, CA 91765-0944

> Tel: (909) 396-3385 www.aqmd.gov

Section A - Operator Information								
Facility Name (Business Name of Operator To Appear On The Permit):	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):							
Section B - Equipment Location Address	Section C - Permit Mailing Address							
3. Fixed Location Various Location (For equipment operated at various locations, provide address of initial site.)	Permit and Correspondence Information: Check here if same as equipment location address							
Street Address	Address							
City , CA State Zip	City State Zip							
Contact Name Title	Contact Name Title							
Phone # Ext. Fax #	Phone # Ext. Fax #							
E-Mail	E-Mail							
Section D - Authorization/Signature								
I understand that the Expedited Permit Processing fees must be submitted at the time of application submittal, and that the application may be subject to additional fees per Rule 301. I understand that requests for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval; that Express Permit Processing is subject to availability of qualified staff; and that once Express Permit Processing has commenced, the expedited fees will not be refunded. I hereby certify that all information contained herein and information submitted with the application are true and correct.								
5. Signature of Responsible Official:	6. Title of Responsible Official:							
7. Print Name of Responsible Official:	8. Date:							
9. Phone #:	10. Fax #:							

AQMD USE ONLY	APPLICATION TRACKING #				TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$,	VALIDATION
ENG. A DATE	R	ENG. DATE	Α	R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #