

South Coast Air Quality Management District

Form - M

Application for Manufacturer ID Number □ Rule 314 □ Rule 1143 Mail Application to: South Coast AQMD 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: Correspon	dence Address (If Different)
2. Corporate Address:			3. Correspondence Add	•	,
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Section D:					
4. AQMD Manufacturing Location Facility	ID (if applicat	ole):			
Section E: Authorization/Signature of F This signed form will serve as		•	•		
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/	-	hereby certify th		presentative for this Manuf	facturer
11. Signature of Authorized Representativ	/e		12. Title/Position		
13. Print Name			14. E-Mail Address		
15. Phone Number (numbers only)			16. Date (mm/dd/yyyy)		
17. Payment of \$248.06 is attached. Not	e: no fee req	uired for change	es to Responsible Party o	r Authorized Representative	e.
AQMD Manufacturer ID Use Only	Check/Mor	ney Order #	Amount \$	Validation	Assignment Unit: