



South Coast Air Quality Management District
Carl Moyer Program

Annual Report Form

CONTRACTOR NAME: _____ SCAQMD CONTRACT #: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____

REPORTING PERIOD (MM/DD/YYYY to MM/DD/YYYY): _____

Equipment ID#	Location of Equipment (City & Zip)	% of Time SCAQMD Boundaries	For <u>ON</u> -ROAD Equipment - Use ODOMETER For <u>OFF</u> -ROAD Equipment - Use HOUR METER				CALCULATED USAGE ENDING -- BEGINNING Readings
			BEGINNING Date	READING	ENDING Date	READING	

Please describe any major repairs, maintenance, unforeseen circumstances or problems that significantly affected the operation of the equipment(s):

I, the undersigned, certify that the above information is true and correct.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Please use additional sheets as needed.

Return to: South Coast Air Quality Management District, 21865 Copley Drive, Diamond Bar, CA 91765

REV 4/2018