

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 Informat	ion					
1. Manufacturer Name:						
Section B: Corporate Address			Section C: Correspo	ondence Address (If Diffe	rent)	
2. Corporate Address:			3. Correspondence A	•		
Street Address			Street Address			
City	State	Zip Code	City		tate	Zip Code
Section D:	Clair	2.0 0000	- Only		lato	
4. AQMD Manufacturing Location Fa	acility ID (if applicab	le):				
Section E: Authorization/Signatur	o of Posponsible (Partu I harabu	cortify that all informatic	an contained herein is tru	in and one	root
•			-	ve by the responsible par		
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 Representa	tion/Signature - I h	nereby certify th	at I am the Authorized F	Representative for this Ma	anufacture	er
11. Signature of Authorized Represe	entative		12. Title/Position			
13. Print Name			14. E-Mail Address			
15. Phone Number (numbers only)			16. Date (mm/dd/yyyy	/)		
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17. Payment of \$256.74 is attached.	Note: no fee reg	uired for change	es to Responsible Party	or Authorized Represent	ative.	
AQMD Manufacturer ID	Check/Mon	ey Order #	Amount \$	Validation		Assignment Unit:
Use Onlv						L