FORM A

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

AB 2588 Program, 21865 COPLEY DR., DIAMOND BAR CA 91765-0949

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AB 2588 AIR TOXICS DOCUMENT CERTIFICATION & SUBMITTAL FORM

Please check the appropriate boxes for purpos	se of submittal:			
INITIAL INFORMATION for ATIR	EARLY ACTION REDUCTION PLAN (EARP)	INITIAL		
AIR TOXICS INVENTORY REPORT (ATIR)	VOLUNTARY RISK REDUCTION PLAN (VRRP)	REVISION		
HEALTH RISK ASSESSMENT (HRA)	IMPLEMENTATION PROGRESS REPORT for VRRP/RRP	FINAL		
RISK REDUCTION PLAN (RRP) OTHER:				
Does your facility participate or wish to participat	te in VRRP program pursuant to Rule 1402(h)?	YES		
Is your facility requesting any information in the s	submittal to be designated as trade secret?*	YES		
*Information collected pursuant to the AB 2588 Air Toxics procalculate emissions data, which may be treated as a trade sec separately designate information claimed to be trade secret, secret status, but will notify the facility if a request for public	cret upon request. By checking this box, the facility understar and further understands that the District is not making a det	nds and agrees to ermination on trade		
Please provide the following information:				
Facility name	South Coast AQMD ID Facili	ity SIC/NAICS CODE		
Facility Location Address	Mailing Address			
Contact Person (Company Official)				
				
Name:	Title:			
Telephone:	eMail:			
Preparer (if different from above)		1		
Name:	Title:			
Company:				
Telephone:	eMail:			
FAILURE TO SUBMIT REQUIRED INFORMATION OR KNOWII HEALTH AND SAFETY CODE SECTIONS 44381(a) AND 44381(b)	NGLY SUPPLYING FALSE INFORMATION IS PUNISHABLE TO T b), WHICH INCLUDES MINIMUM FINES OF NOT LESS THAN F			
Signature of Responsible Company Official	Date			
Signature of Responsible Company Official	Date			
Signature of Responsible Company Official Name of Responsible Company Official	Date Title			

ATIR-HRA Forms.xlsx/Form A Rev. 7/1/17a