

Form X

SIGNATURE SHEET

Emissions Report

July 1, 2007 - December 31, 2007

- Read instructions on the back before completing form.
- Print neatly.

SUBMITTAL DATE: No later than September 2, 2008

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FACILITY I.D. NUMBER

MAILING INFORMATION

Company Name _____
Address _____
City _____
State _____ Zip-Code _____
Contact Person _____ Title _____
Contact Telephone _____ Fax _____
Contact E-mail _____

EQUIPMENT LOCATION

Facility Name _____
Equipment Location _____
City _____

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NAICS CODE

BRIEF DESCRIPTION OF OPERATION

MAILING INFORMATION UPDATES (if applicable)

Company Name _____
Street Address _____
Street # Direction Street Name Sfx Apt/Suite
City _____ State _____ Zip-Code _____
Contact Person _____
First Name Last Name Title
Telephone _____ - _____ - _____ Extension _____ Fax _____ - _____ - _____
Contact e-mail _____

BUSINESS OPERATING HOURS

Hours per day
Days per week
Weeks per year

I declare under penalty of perjury that the data submitted truly represents throughput and emissions for this reporting period, and that the emission factors represent the best available data for my company in the calculation of annual emissions. (This form must be signed by an authorized person and returned to AQMD with the completed report & any applicable fees.)

Authorized Signature _____ Date _____ Title _____
Name _____ Telephone (_____) Ext _____ Fax (_____)
First Name Last Name
Preparer Signature _____ Date _____ Title _____
Preparer Name _____ Name of Organization _____
First Name Last Name
Telephone (_____) Ext _____ Fax (_____) Preparer E-mail _____

S.C.A.Q.M.D. reserves the right to audit the reported emissions. All records and calculations used in completing this summary are recommended to be retained for a minimum of five years.



South Coast Air Quality Management District
Form X 7/1/08

AQMD Rule 301(e) requires that facilities declare the total emissions for the six-month transitional reporting period (7/1/2007-12/31/2007) of each of the air contaminants concerned from all equipment, regardless of the quantities emitted. Please read all the information contained in the package before completing the forms to ensure accurate reporting.

Form X - Signature Sheet

Name and Facility ID No.: Your facility name and ID number may have been pre-printed on this form. If you think that the pre-printed facility ID number is incorrect, please cross out the incorrect ID number and write the correct ID number above the incorrect number. If you have received a blank form, please fill in your facility name, location and facility ID number as well as the mailing information in the designated spaces. **Please also provide your e-mail address, if any, as part of your facility information.**

NAICS Code: Enter the appropriate North American Industry Classification System (NAICS) code that best describes your facility operations. Based on the information available in AQMD records, the suggested SIC code for your facility is preprinted below your Facility ID number on the preprinted Form X. Use the industry code that most accurately describes your facility, find the associated NAICS Code in the look-up table that is available at <http://www.ecotek.com/aqmd/index.htm> that best describes operation at your facility. If another industry code more accurately describes your facility, use the more accurate industry code. NAICS web site is <http://www.census.gov/epcd/www/naics.html>. If you received a blank form, please fill in the appropriate industry code for your facility in the designated boxes.

Brief Description of Operation: Provide a brief description of the type of industry or the main operation applicable to your facility.

Mailing Information Updates: Verify that the mailing address, contact person name, contact persons title, telephone number, fax number and e-mail are correct. Make changes, if any, in the space provided. Please enter your fax number and e-mail address, if any, in the space provided. **Changes to facility name and equipment location cannot be made on this form.** For such changes or for questions on your facility name and location, contact AQMD Permit Services at (909) 396-3385.

Business Operating Hours: Enter the typical number of hours per day, number of days per week, and number of weeks that the facility operated during the six-month transitional reporting period. Enter only whole numbers (for hours 0-24, for days 0-7, for weeks 0-52).

Signature: **This form must be signed by an authorized person and returned to AQMD with the completed report.** Please provide the authorized person's name, title, telephone and fax number. The form must also be signed by the individual preparing the report if other than the authorized person. Please provide the preparer's name, title, telephone and fax number, and e-mail address, if any.

Mailing or Drop Off Instructions: Please use the pre-printed return envelope to submit the completed report and fees postmarked no later than **September 2, 2008**, or delivered to the District by 5 p.m. on **September 2, 2008**; **please note that AQMD is closed on Mondays.** If you need to use a different envelope, the mailing address for this report is:

South Coast Air Quality Management District
2007-2008 Emissions Report
File No. 54493
Los Angeles, CA 90074-4493

While you are encouraged to mail the report to the above address, you can also deliver the report using a messenger or a courier service to the following address:

South Coast Air Quality Management District
Attn: Finance Cashier
2007-2008 Emissions Report
21865 Copley Drive
Diamond Bar, CA 91765-4178