

Form CF

INFORMATION ON WORK DONE BY CONTRACTORS

Emissions Report

July 1, 2007 - December 31, 2007

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

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FACILITY NAME

FACILITY I.D. NUMBER

You must fill out this form only if:

1. You had work performed by contractors at your facility from July 1, 2007 to December 31, 2007, and
2. You did not report emissions from the work performed by contractors in this 6-month transitional period emissions report. (You should report your contractor's emissions only if you specifically made an agreement with your contractor(s) to report their emissions, otherwise, it is the contractor's responsibility to report its emissions).

PAGE # OF
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FORM CF

CONTRACTOR'S INFORMATION:

Company Name _____

AQMD Facility I.D. # (if available) _____

Address _____

City _____

State _____ Zip-Code

Contact Person _____ Telephone # _____

Brief Description of Work Performed by Contractor:

CONTRACTOR'S INFORMATION:

Company Name _____

AQMD Facility I.D. # (if available) _____

Address _____

City _____

State _____ Zip-Code

Contact Person _____ Telephone # _____

Brief Description of Work Performed by Contractor:

CONTRACTOR'S INFORMATION:

Company Name _____

AQMD Facility I.D. # (if available) _____

Address _____

City _____

State _____ Zip-Code

Contact Person _____ Telephone # _____

Brief Description of Work Performed by Contractor:

CONTRACTOR'S INFORMATION:

Company Name _____

AQMD Facility I.D. # (if available) _____

Address _____

City _____

State _____ Zip-Code

Contact Person _____ Telephone # _____

Brief Description of Work Performed by Contractor:



AQMD Rule 301(e) requires that facilities declare the total emissions for the six-month transitional reporting period (7/1/2007-12/31/200) 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 CF - Information on Work Done by Contractors

Fill out Form CF only if:

- 1. You had work performed by contractors at your facility during July 1, 2007 to December 31, 2007, and**
- 2. You did not report emissions from the work performed by contractors in this emissions report.** (Report your contractor's emissions only if you made a specific agreement with your contractor(s) to report their emissions, otherwise, it is the contractor's responsibility to report its emissions.)

Do not identify contractors on this form which exclusively performed work associated with any or all of the following source categories as well as any other work which did not generate any criteria or toxic emissions (such as plumbing, landscaping, etc.):

- On-road motor vehicles (cars, trucks, vans, etc.)
- Off-road vehicles and equipment (forklifts, bulldozers, tractors, lawnmowers, etc.)
- Portable equipment operated under the Statewide Portable Equipment Registration Program (refer to Question R in the General Instruction Book for more details).
- Clean Air Solvents.
- Architectural coatings/paints.

Note: Contractors subject to the AER program (i.e., meeting Rule 301 emission reporting thresholds) are required to report their emissions from both permitted and non-permitted equipment for all contracting work conducted at all sites. However, if there is a written agreement between the facility and the contractor regarding the reporting of contractor's emissions by the facility itself, then the facility (in which the contracting work is conducted) would be responsible for reporting such emissions (instead of the contractor).

Note: You can use as many copies of Form CF as needed to report all of your contractors for this reporting period. If you use more than one Form CF, indicate in the space provided the page number and the total number of pages of Form CF. For example, if you use 4 forms, indicate in the boxes - page 1 of 4, page 2 of 4, etc.

Facility Name and ID No.: Please fill in your facility name and facility ID number in the designated spaces, exactly as indicated on Form X (Signature Sheet) in your package.

Contractor's Information: Please list each contractor's AQMD Facility ID number (if available); contractor's company name, address, City, State and ZIP; contractor's contact person and telephone number.

Brief Description of Work Performed by Contractors: Please describe briefly the work that each contractor performed at your facility during this reporting period.