South Coast Air Quality Management District

Form 400-AO
Application For Additional Operator

Submit one form for each application/permit.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385
www.aqmd.gov

Section A - Current Operator Information

1. Facility Name (Business Name of Operator As It Appears On The Permit):

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Section B - Additional Operator Information

3. Business Name of Operator As It Should Appear On The Additional Operator's Permit:

4. Owner's Business Name (If different from Business Name of Operator):

New AQMD Facility ID
(TO BE COMPLETED BY AQMD)

Section C - Equipment Location Address

5. ◯ **Fixed Location** ◯ **Various Location**
(For equipment operated at various locations, provide address of initial site.)

Street Address

City, **CA** State Zip

Contact Name Title

Phone # Ext. Fax #

E-Mail

Section D - Permit Mailing Address

6. Permit and Correspondence Information:
☐ Check here if same as equipment location address

Address

City, State Zip

Contact Name Title

Phone # Ext. Fax #

E-Mail

Section E - Facility Business Information

7. What business is conducted at this location?

8. What is your primary NAICS Code (North American Industrial Classification System)?

9. Are you a small business as per AQMD's Rule 102 definition? ◯ **No** ◯ **Yes**
(10 employees or less and total gross receipts are $500,000 or less or a not-for-profit training center)

Section F - Application or Permit Information

10. Application Number: _____ **11. Permit Number:** _____ (Please attach a copy)

Section G - Signature and Authorization for Additional Operator

I HEREBY AUTHORIZE THE ADDITIONAL OPERATOR TO OBTAIN A PERMIT FOR THE EQUIPMENT AS SPECIFIED ABOVE.

12. Check all that apply: I am the ☐ **Primary Operator** ☐ **Owner**

13. Signature: _____ **16. Date:** _____

14. Print Name: _____ **17. Phone:** _____

15. Title: _____

18. Signature of Additional Operator: _____ **21. Date:** _____

19. Print Name: _____ **22. Phone:** _____

20. Title: _____

Checklist

- ☐ Form signed?
- ☐ Payment attached?
- ☐ Copy of existing permit attached?
- ☐ Form 400-CEQA attached?

AQMD USE ONLY	APPLICATION TRACKING #	CHECK #	AMOUNT RECEIVED $	PAYMENT TRACKING #	VALIDATION

DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN

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