



**South Coast Air Quality Management District**  
 21865 Copley Drive, Diamond Bar, CA 91765-4182

**Small Business Assistance Office**  
 1-800-388-2121  
 smallbizassistance@aqmd.gov  
 www.aqmd.gov

## Air Quality Permit Checklist

South Coast Air Quality Management District (SCAQMD) developed this Air Quality Checklist as a screening evaluation tool in the process required by California Government Code Section 65850.2. Please provide a response to all questions on this checklist.

If you have any question or need assistance completing this checklist, please contact the SCAQMD's Small Business Assistance Office, and a representative will help you complete the information in the checklist. SCAQMD may decline to issue this form due to lack of information from applicant.

NOTE: If there are any demolition or renovation activities that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

### Section A - Operator/Business Information

1. Business Name:			
2. Address:			
Street	City	CA	Zip
3. Contact Name:		Telephone Number:	
Title:	Email:		

### Section B - Facility Business Information/Business and Equipment Description

Please provide a detailed description of the business operations to be performed and equipment to be used at this location:

### Section C - Checklist Questionnaire

Please respond to all questions as it relates to the business activities to be performed at this location. Will business operations at this location:

1. Result in the release of air pollutants, including but not limited to, dust, fumes, gas, mist, odors, smoke, vapor, or a combination of these to the atmosphere? Yes No
2. Result in the use of fuel-burning equipment including, but not limited to, boilers, generators, and internal combustion engines? Yes No
3. Result in the use of hazardous materials, including but not limited to, chemicals, plastics, rubber, resins, solvents, paints, and parts cleaners? Yes No

**Section C - Checklist Questionnaire (continued)**

- |   |     |    |
|---|-----|----|
| 4. Result in the use of an above or underground storage tank?   | Yes | No |
| 5. Consist of manufacturing, fabrication, finishing, or treatment of wood, metal or plastic products: | Yes | No |
| 6. Result in the use of any of the equipment listed below:<br>(Select all that apply)                 | Yes | No |

- |  |  |
|--|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room<br><input type="checkbox"/> Air Conditioning Systems (containing > 50 lbs of refrigerant)<br><input type="checkbox"/> Application of Paints/Adhesives/Resins<br><input type="checkbox"/> Baghouse/Dust Collector<br><input type="checkbox"/> Bakery Oven (gas-fired)<br><input type="checkbox"/> Boiler/Water Heater (max. heat input = or > 1 million BTU/hr)<br><input type="checkbox"/> Charbroiler/Smoker<br><input type="checkbox"/> Coffee Roaster/Afterburner<br><input type="checkbox"/> Deep Fryer (excluding equipment located at eating establishments)<br><input type="checkbox"/> Dry Cleaning Equipment<br><input type="checkbox"/> Electrostatic Precipitator<br><input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting of Metals<br><input type="checkbox"/> Fermentation<br><input type="checkbox"/> Gasoline Storage & Dispensing Equipment<br><input type="checkbox"/> Internal Combustion Engine (rated > 50 bhp; e.g. back-up generator)<br><input type="checkbox"/> Mixing/Blending of Liquids and/or Powders<br><input type="checkbox"/> Molding/Extruding/Curing of Plastics<br><input type="checkbox"/> Pharmaceutical/Nutraceutical<br><input type="checkbox"/> Plasma/Laser Cutter<br><input type="checkbox"/> Printing/Coating/Drying<br><input type="checkbox"/> Production of Fumes/Dust/Smoke/Odors<br><input type="checkbox"/> Refrigeration Systems (containing > 50 lbs of refrigerant) | <input type="checkbox"/> Soldering Oven<br><input type="checkbox"/> Spray Booth<br><input type="checkbox"/> Storage of Acids/Solvents/Organic Liquids/Fuels<br><input type="checkbox"/> Storage Silos (sugar, flour, etc.) |
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**Section D - Business Self Certification**

7. Preparer:	Title:	
Signature:	Date:	Telephone Number:

*I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.*

<b>SCAQMD USE ONLY</b>	Equipment:	Issued By:
	<input type="checkbox"/> Applicant has permit(s) from the SCAQMD:	
	<input type="checkbox"/> Applicant has filed for permit(s) with the SCAQMD:	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Applicant has complied with filing requirements of R222:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring air quality permit or registration.	