



Rule 433 LNG Rollout Plan Form

Mail Plan Form To:
 Rule 433 Implementation Team
 SCAQMD
 21865 Copley Drive
 Diamond Bar, CA 91765

OPERATOR INFORMATION									
OPERATOR NAME			AQMD ID # OR <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						
OPERATOR ADDRESS									
CITY	STATE : CA	ZIP CODE	CONTACT PHONE						
OPERATOR CONTACT PERSON		TITLE OF CONTACT PERSON							
TYPE OF BUSINESS		BUSINESS TYPE CODE (SEE INSTRUCTIONS)							
FOR THIS PLAN, HAS A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) DOCUMENT BEEN REQUIRED BY ANOTHER GOVERNMENT AGENCY? YES <input type="radio"/> NO <input type="radio"/>		DO YOU CLAIM CONFIDENTIALITY OF DATA? YES <input type="radio"/> NO <input type="radio"/>							
IF YES, ENTER NAME OF AGENCY:									

PLAN INFORMATION	
IS THIS AN INITIAL LNG ROLLOUT PLAN PURSUANT TO RULE 433(e)(1)(C)?	YES <input type="radio"/> NO <input type="radio"/>
IS THIS A LNG ROLLOUT PLAN AMENDMENT PURSUANT TO RULE 433(d)(5)	YES <input type="radio"/> NO <input type="radio"/>
COMMENTS OR SPECIAL INSTRUCTIONS	
<p>So that your account can be credited properly, please mail the completed form(s), along with a check for \$505.35* to cover the Rule 433 LNG Rollout Plan submittal and evaluation fee for your facility, to the following address:</p> <p style="text-align: center;">Rule 433 Implementation Team South Coast Air Quality Management District 21865 Copley Drive Diamond Bar, CA 91765</p> <p>*Fee subject to Rule 306</p>	

COMPANY INFORMATION			
COMPANY NAME		CONTACT PERSON	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PHONE	E-MAIL	FAX	
SIGNATURE			DATE

AQMD USE	APPLICATION NO.	DATE	CHECK NO.	AMOUNT \$	ASSIGNMENT UNIT
	ENGINEER				
	A R	DATE	INITIAL		