



South Coast Air Quality Management District
 Carl Moyer Program
 Annual Report Form

CONTRACTOR NAME: _____

AQMD CONTRACT #: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

REPORTING PERIOD (MM/DD/YYYY to MM/DD/YYYY): _____

Equipment ID#	Location of Equipment (City & Zip)	% of Time in SCAQMD Boundaries	INITIAL Odometer Reading		FINAL Odometer Reading		Annual Mileage FINAL Odometer Reading – INITIAL Odometer Reading
			Date of Reading	Odometer Reading	Date of Reading	Odometer Reading	

Please describe any major repairs, maintenance, unforeseen circumstances or problems that significantly affected the operation of the equipment(s):

I, the undersigned, certify that the above information is true and correct.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Please use additional sheets as needed.

Return to: South Coast Air Quality Management District, 21865 Copley Drive, Diamond Bar, CA 91765

REV 2/2017