



South Coast Air Quality Management District  
Carl Moyer Program

# Annual Report Form

CONTRACTOR NAME: \_\_\_\_\_

SCAQMD CONTRACT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

REPORTING PERIOD (MM/DD/YYYY to MM/DD/YYYY): \_\_\_\_\_

Equipment ID#	Location of Equipment (City & Zip)	% of Time SCAQMD Boundaries	For <u>ON</u> -ROAD Equipment - Use ODOMETER For <u>OFF</u> -ROAD Equipment - Use HOUR METER				CALCULATED USAGE ENDING -- BEGINNING Readings
			BEGINNING		ENDING		
			Date	READING	Date	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: \_\_\_\_\_