



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

SOON COMPLIANCE PLAN SIGNATURE PAGE RULE 2449 FLEET COMPLIANCE PLAN

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|---|
| 1. COMPANY NAME: |
| 2. MAILING ADDRESS: |
| 3. CONTACT PERSON, TITLE, TELEPHONE, EMAIL: |
| 4. ALTERNATE CONTACT, TITLE, TELEPHONE, EMAIL: |
| 5. FLEET SUMMARY PLEASE PROVIDE DESCRIPTION OF YOUR FLEET AND TYPE OF BUSINESS IT IS IN. FLEET DESCRIPTION: _____ # OF VEHICLES: _____ # OF ENGINES: _____ DOORS FLEET # _____ TOTAL HORSEPOWER OF FLEET: _____ |
| 6. SIGNATURE OF PERSON RESPONSIBLE FOR RULE 2449 COMPLIANCE I HEREBY CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS COMPLIANCE PLAN IS TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT THIS PLAN IS BEING PROVIDED TO THE SCAQMD EXECUTIVE OFFICER IN COMPLIANCE WITH THE SCAQMD RULE 2449. APPROVAL OF THIS COMPLIANCE PLAN IS SUBJECT TO VERIFICATION OF INFORMATION SUBMITTED. I UNDERSTAND THAT SCAQMD STAFF MAY REQUIRE ADDITIONAL INFORMATION TO PROCESS THIS COMPLIANCE PLAN, AND AGREE TO PROVIDE SUCH INFORMATION. SIGNATURE: _____ NAME: _____ TITLE: _____ SIGNED THIS _____ DAY OF _____ IN _____, CALIFORNIA |

Send completed compliance plan to:

South Coast AQMD
STA – Off-Road Mobile Source Section
21865 Copley Drive
Diamond Bar, CA 91765-4182

If you need assistance in preparing the compliance plan, please call the Off-Road Mobile Source Section at (909) 396-2903