



South Coast Air Quality Management District

**Form 200-B  
Address Update/Correction**



**Mail To:**  
SCAQMD - Permit Services  
P.O. Box 4944  
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385  
www.aqmd.gov

**Section A - Operator Information**

<b>1. Facility Name</b> (Business Name of Operator As It Appears On The Permit):	<b>2. Valid AQMD Facility ID</b> (Available On Permit Or Invoice Issued By SCAQMD):
_____	_____

**Section B - Billing Mailing Address Update/Correction**

<b>3. Old Billing Mailing Address:</b>	<b>4. New Billing Mailing Address:</b>
_____	_____
Address	Address
_____	_____
City, State Zip	City, State Zip

**Section C - Permit Mailing Address Update/Correction**

<b>5. Old Permit Mailing Address:</b>	<b>6. New Permit Mailing Address:</b>
_____	_____
Address	Address
_____	_____
City, State Zip	City, State Zip

**Section D - Location Address Update/Correction**

***This section of the form is NOT to be used for physical relocation of permitted equipment. You must obtain a new permit for each equipment that has been moved to a new location.***

**For a new permit, submit Form 400-A, Form 400-CEQA, equipment supplemental form and appropriate fees for each equipment.**

This section of the form is to be used for a location address change made by the city, county, post office or other agency due to rezoning, renaming or renumbering of the street address, etc. Include a copy of the notification from the agency regarding the address change.

**Note: All SCAQMD permits at this facility must be reissued with the new location address. The reissue fee is listed in SCAQMD Rule 301(f)(2). For a reissued Title V or RECLAIM permit, please submit Form 400-A and the fee for Administrative Permit Revision together with this form. (For fees, see SCAQMD Rule 301(l), (m) or (n).)**

<b>7. Old Location Address:</b>	<b>8. New Location Address:</b>
_____	_____
Street Address	Street Address
_____	_____
City, CA State Zip	City, CA State Zip

**Section E - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application are true and correct.

<b>9. Signature of Responsible Official:</b>	<b>10. Title of Responsible Official:</b>
_____	_____
<b>11. Print Name:</b>	<b>12. Date:</b>
_____	_____
<b>13. Phone #:</b>	<b>14. Fax #:</b>
_____	_____