



South Coast Air Quality Management District
Form 109-LVM
Low VOC Material Verification



Complete one form per facility.

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section A - Operator Information

1. Facility Name (Business Name of Operator):	2. Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator):	

Section B - Equipment Location Address **Section C - Business Mailing Address**

4. Equipment Location Is:	5. Correspondence Information:
<input type="checkbox"/> Check here if same as equipment location address	
Street Address _____	Street Address _____
City _____, CA _____ Zip _____	City _____, State _____ Zip _____
Contact Name _____ Title _____	Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____	Phone # _____ Ext. _____ Fax # _____
E-Mail: _____	E-Mail: _____

Section D - Equipment Information

For facilities utilizing Rule 219 exemptions for all of the following categories:

- Printing and reproduction equipment - Rule 219(h)(1)(E)
- Coating and adhesive process equipment - Rule 219(l)(6)(F)
- Drying Equipment - Rule 219(l)(11)(F)

The facility Responsible Official hereby verifies that for the calendar year _____ (Check all that apply):

All inks, coatings, adhesive, fountain solution, polyester resin and gel coat type materials, an associated VOC-containing solvents (excluding clean up solvents) used in this equipment contain fifty (50) grams or less of VOC per liter of material; and

All clean up solvents used in this equipment contain twenty five (25) grams or less of VOC per liter of material; and

The total annual quantity of VOC emissions from this equipment does not exceed one ton of emissions.

Rule 109 records, technical data sheets and other information are not required to be submitted, rather made available upon request.

There are no fees associated with this submittal.

Section E - Authorization/Signature *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

7. Signature of Responsible Official:	8. Title of Responsible Official:
9. Print Name:	10. Date: