

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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COMMUNITY AIR PROTECTION PLAN
Annual report form



PLEASE TYPE OR PRINT

PROJECT LIFE: _____

→ Section 1: Grantee/company information

Grantee name:			Company phone number:		
Company address:	City:	ZIP:	Email address:		

→ Section 2: Equipment information

Equipment ID No.	Equipment location (City/Zip)	% of time within MDAQMD boundaries	For ON-ROAD equipment — Use ODOMETER For OFF-ROAD equipment — Use HOUR METER				Calculated usage ENDING — BEGINNING readings
			BEGINNING Date	Reading	ENDING Date	Reading	

Additional comments:

→ Section 3: Certification

I hereby certify that all information contained herein is true and correct.

Name:	Authorized signature:	Date signed:
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For District use only

Reviewed by:	Date:	Staff signature:
Notes:		