



Emission Inventory Year	AVAQMD EMISSIONS INVENTORY REVISION FORM		Date
Company Name	Facility Name	Facility Location	Facility ID
Contact Name	Contact Title	Email Address	Revision No.

TYPE OF REVISION

(Check each that apply)

- FACILITY INFORMATION
 DEVICE/PROCESS/RELEASE DATA
 CRITERIA EMISSIONS
 TOXIC EMISSIONS
 EMISSION FACTOR
 RECEPTOR DISTANCE
 PRIORITIZATION SCORE
 OTHER: _____

DESCRIBE EACH REVISION

-AVAQMD Only-

Reviewed by:	Date Approved	Date Submitted to CARB
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