



**ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT**

43301 Division Street, Suite 206  
 Lancaster, CA 93535  
 (661) 723-8070  
[www.avaqmd.ca.gov](http://www.avaqmd.ca.gov)

**CALIFORNIA BUSINESS & PROFESSIONS CODE DIVISION 10  
 CANNABIS ODOR COMPLIANCE PLAN**

**Section 1: Owner/Operator Information** (PLEASE TYPE OR PRINT)

Please refer to Rule 302 for Plan Fee

Owner/Operator		Federal Tax ID#
Company Name/DBA		
Mailing/Billing Address (for above company name) <i>include city, state, and zip code:</i>		
Business License Name (for equipment location):		
Facility Address - Location of Equipment (if same as for company, enter "Same"):		
Contact Name/Title:	Email Address:	Phone:
Nature of Business (check all that apply): <input type="checkbox"/> Cultivation <input type="checkbox"/> Extraction <input type="checkbox"/> Packing/repackaging <input type="checkbox"/> Edible Goods Manufacturing <input type="checkbox"/> Other _____		

**Section 2: Nature of Application**

Plan is for: <input type="checkbox"/> New Operation <input type="checkbox"/> Modification <input type="checkbox"/> Change of Owner
Do you claim Confidentiality of Data? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach explanation: Specify which information provided is confidential)

**Section 3: Cultivation Information**

The following information is REQUIRED : For each area below, provide square footage of area (for all that apply)	
Canopy Area	
Area outside of canopy-(Immature Plants)	
Flowering Plants	
Pesticide and other chemical storage	
Designated Processing area	
Designated Packaging area	
Designated Composting area	
Designated secured area for waste	
Designated area for harvested Cannabis storage	
Designated area for physically segregating cannabis or non-manufactured cannabis products subject to hold	
Designated area(s) shared between licenses held by one licensee	
Common use area (s) including but not limited to: office space, hallways, bathrooms, or break rooms	

## Section 4: Operation Information

Number of crops per year:	
Facility Annual Throughput by Quarters (in percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected Extraction and Post-Extraction Processing Operating Hours: _____ Hours/Day _____ Days/Week _____ Weeks/Year _____ Total Annual Hours

## Section 5: Odor Control Devices

Please provide the following information for EACH different type, make, model, style, etc. of odor control devices you will be operating (Use additional sheets if necessary – Each building will require a separate permit):

ODOR CONTROL SYSTEM 1		
Type of device: <input type="checkbox"/> Fixed Regenerative Bed <input type="checkbox"/> Fixed Carbon Bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized Adsorber <input type="checkbox"/> Rechargeable Carbon Canister <input type="checkbox"/> Replaceable Carbon Canister <input type="checkbox"/> Misting System <input type="checkbox"/> Other: _____		
Quantity:	Manufacturer:	Model:

ODOR CONTROL SYSTEM 2		
Type of device: <input type="checkbox"/> Fixed Regenerative Bed <input type="checkbox"/> Fixed Carbon Bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized Adsorber <input type="checkbox"/> Rechargeable Carbon Canister <input type="checkbox"/> Replaceable Carbon Canister <input type="checkbox"/> Misting System <input type="checkbox"/> Other: _____		
Quantity:	Manufacturer:	Model:

ODOR CONTROL SYSTEM 3		
Type of device: <input type="checkbox"/> Fixed Regenerative Bed <input type="checkbox"/> Fixed Carbon Bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized Adsorber <input type="checkbox"/> Rechargeable Carbon Canister <input type="checkbox"/> Replaceable Carbon Canister <input type="checkbox"/> Misting System <input type="checkbox"/> Other: _____		
Quantity:	Manufacturer:	Model:

## Section 6: Certification

I hereby certify that all information contained herein is true and correct.			
_____			
Print Name of Responsible Official	Title	Signature of Responsible Official	Date Signed
Phone:	Email:		

### Plan Submittal Instructions

- 1) Submit completed Plan [plans@avaqmd.ca.gov](mailto:plans@avaqmd.ca.gov)
- 2) Pay the corresponding Plan fee via check or credit card

#### Payment by check:

Make check payable to: Antelope Valley AQMD  
 Mail the check with a copy of this completed Plan to:  
 Antelope Valley AQMD 43301 Division Street, Suite 206 Lancaster, CA 93535

#### Payment by credit card:

Pay online at our website: <http://www.avaqmd.ca.gov>  
 Click "Pay Fees", select "Other Fees, Fines or Open Invoices"  
 Please note a surcharge applies for all credit card payments.

If payment is made on-line via credit card, please email the receipt to mail to: [plans@avaqmd.ca.gov](mailto:plans@avaqmd.ca.gov)

Should you have any additional questions, please, do not hesitate to contact the District at 661-723-8070, or via email at [plans@avaqmd.ca.gov](mailto:plans@avaqmd.ca.gov)