**QUALITY MANAGEMENT DOCUMENT**

**ADDENDUM**

*(District completes Sections 1 through 6 -- please type)*

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| **Section 1. ARB Document**  |
| [ ]  Quality Management Plan (QMP)  |
| [ ]  Quality Assurance Project Plan (QAPP) |
| [ ]  Standard Operating Procedure (SOP) |

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| **Section 2. District Information** |
| District Name:  |  |
| District Address:  |  |
| District Contact Name/Phone Number:  |  |  |
| District Signature/Date:  |  |  |

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| --- | --- |
| **Section 3. Document Title** (*specify exact title, revision #, and date of ARB Document(s) that your District proposes to modify)* | **Date** |
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| **Section 4. Proposed Deviation(s)***(specify exact section(s), page number(s) and language in existing ARB document that your District proposes to modify and then specify proposed modification (including any spreadsheets or forms).*  |
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| **Section 5. Justification for Deviation(s)***(provide explanation of why modification(s) to existing ARB document is necessary)* |
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| **Section 6. Attachment(s)** [ ] (*specify attachment titles and number of pages, include modified spreadsheets or forms)* | **# of Pages** |
|  |  |
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| **Section 7. ARB Approval** *(completed by ARB)* |
| Name/Phone Number:  |   |  |
| Title:  |  |
| Signature/Date:  |  |  |
| **Addendum Number**  |  |

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| **Completed form must be scanned/emailed or mailed to:**Mr. Patrick Rainey1927 13th Street, P.O. Box 2815Sacramento, California 95811 prainey@arb.ca.gov |