**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 Rainey  1927 13th Street, P.O. Box 2815  Sacramento, California 95811  [prainey@arb.ca.gov](mailto:prainey@arb.ca.gov) |