



**AIR POLLUTION
CONTROL DISTRICT**
COUNTY OF SAN LUIS OBISPO

3433 Roberto Court, San Luis Obispo, CA 93401
TEL: (805) 781-5912 FAX: (805) 781-1002
Email: info@slocleanair.org
Web Site: www.slocleanair.org



**Santa Barbara County
Air Pollution Control District**

PO Box 6447, Santa Barbara, CA 93160
TEL: (805) 961-8800 FAX: (805) 961-8801
Email: enr@sbcapcd.org
Web Site: www.sbcapcd.org



**Ventura County
Air Pollution
Control District**

669 County Square Drive, Ventura CA 93003
TEL: (805) 645-1401 FAX: (805) 645-1444
Email: info@vcapcd.org
Web Site: www.vcapcd.org

FORM AG-3 AG ENGINE CHANGE NOTIFICATION FORM

This Form AG-3 is provided to assist you with compliance with Section 93115.8(c)(3) of the Stationary Diesel Airborne Toxic Control Measure (ATCM). Specifically, the owner or operator of a registered engine shall notify the Home District in writing no later than 14 days after any change of owner or operator, change in location, installation or commencement of an emissions control strategy or replacement with an electric motor or non-compression ignition engine. See the District's policy "*Agricultural Engine Registration Engine Location Change Policy Memo*" for specific guideline regarding when this Form AG-3 is required for location changes.

Send the completed Notification Form to the Home District that is listed on the engine's registration.

ENGINE REGISTRATION NUMBER: _____ DATE of CHANGE: _____

OLD OWNER/OPERATOR NAME(s): _____

HOME DISTRICT: _____

REASON FOR NOTIFICATION: (check all that apply)

CHANGE IN ENGINE OWNER. Provide the new owner information on page 2.

CHANGE IN ENGINE OPERATOR. Provide the new operator information on page 2.

CHANGE IN ENGINE LOCATION. Provide the following for the engine's new location:

Physical Location of the Engine: _____

Circle Units: Lat/Long, UTM

Geographic Coordinates: _____ and _____ *UTM Datum:* NAD27, NAD83, WGS84

Assessor Parcel Number(s): _____

INSTALLATION OR COMMENCEMENT OF AN EMISSIONS CONTROL STRATEGY. (e.g., adding a particulate filter trap)

REPLACEMENT OF THE ENGINE WITH AN ELECTRIC MOTOR

REPLACEMENT OF THE ENGINE WITH AN NON-COMPRESSION IGNITION (E.G., NON-DIESEL) ENGINE

NAME (please print)

PHONE No.

DATE



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AG ENGINE CHANGE NOTIFICATION FORM AG-3 (Continued)

Use this Section to update the Owner and/or Operator contact information. Please also take the time to update the Correspondence and Billing/Other categories as needed.

OWNER

Contact Person _____	Work Phone: _____
Company Name _____	FAX: _____
Address _____	Cell Phone: _____
City, State, Zip: _____	
Email: _____	

OPERATOR

Contact Person _____	Work Phone: _____
Company Name _____	FAX: _____
Address _____	Cell Phone: _____
City, State, Zip: _____	
Email: _____	

CORRESPONDENCE

Contact Person _____	Work Phone: _____
Company Name _____	FAX: _____
Address _____	Cell Phone: _____
City, State, Zip: _____	
Email _____	

BILLING / OTHER

Contact Person _____	Work Phone: _____
Company Name _____	FAX: _____
Address _____	Cell Phone: _____
City, State, Zip: _____	
Email: _____	

STATE THE NATURE OF
THIS CONTACT:
(e.g.: inspection contact)