



**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: engineering@vcapcd.org
Web Site: www.vcapcd.org

AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM

(Application must be typewritten, computer generated, or hand printed in ink. Complete all pages of the application.)

IMPORTANT: To assure that your application is complete include all of the following when submitting this application:

- Registration Fee
 Complete all sections
 Signature on Application
 One Engine per Application

San Luis Obispo APCD: \$200

Santa Barbara APCD: \$200

Ventura APCD: \$200

This application form is for the registration of existing and new stationary and portable diesel engines rated greater than or equal to 50 bhp that are used in Agricultural Operations. To the extent allowed by law, the engine registered in this application may be operated in San Luis Obispo, Santa Barbara or Ventura Counties. The registration will denote any geographic operational restrictions. You do not need to register diesel engines used to power agricultural wind machines or engines that provide motive power (i.e., motor vehicles, tractors). You are required to register the engine in the County that the engine resides. See Form AG-2 for instructions and common definitions of the terms used in this application and the Airborne Toxic Control Measure. **Submit this application to the District in which the engine resides.**

1. Facility Name:

Facility Street Address _____

City, State ZIP: _____

Assessor Parcel Number(s) (APN) _____

2. ENGINE OWNER: (If a rental unit, fill in the rental company's information here.)

Contact Person: _____

Company Name: _____

Mailing Address: _____

City, State ZIP: _____

E-Mail: _____

Is this a Rental Unit? Yes No

Work Phone: _____

FAX: _____

Cell Phone: _____

3. OTHER CONTACTS: (Are the contacts below the same as Engine Owner? If not, complete Section 16 also)

Operator: Same as Owner

Billing: Same as Owner

Inspections: Same as Owner

Correspondence: Same as Owner

4. AUTHORIZED AGENT: Is this application filled out by an Authorized Agent? Yes No

If Yes, fill in Section 17.

5. PURPOSE OF APPLICATION: (check all that apply)

New Engine
 Existing In-Use Engine
 Install Emission Controls
 Replace Existing Engine

Other (describe): _____

(CONTINUED ON NEXT PAGE)

(District Use Only)

Date Received Stamp	APCD Application		
	Number:	Registration No.	Fee:
	Receipt No.	Check No.	
Comments			



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AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM (Continued)

6. DISTRICT : (Check the Counties where this engine currently resides and/or may operate in the future)

San Luis Obispo County Santa Barbara County Ventura County

7. ENGINE USE:

Water Well Pump Booster Pump Electrical Power Irrigation Pump

Other (describe): _____

8. ENGINE CLASSIFICATION: (Check one. See the definitions **Form AG-2** for clarification)

Stationary Seasonal Portable (*note: booster and well pumps are considered stationary for this ATCM*)

If portable, describe how this was determined: _____

9. ENGINE DATA: (Enclose a copy of the engine data sheet and a photo of the engine nameplate, if available)

Installation Date: _____ Manufacture Date _____ or Approximate Engine Age: _____

Make: _____ Model: _____ Serial No: _____

Maximum Rated Brake Horsepower: _____ bhp EPA Engine Tier: ____ (options: Tier 0, 1, 2, 3 or 4)

Fuel Used: CARB Diesel Other (describe): _____ Operator ID: _____

Estimated Average Fuel Use: _____ gallons per year Average Operating Hours: _____ hours per year

(Provide the following if known)

EPA Family Name: _____

(Provide the following if known)

ARB Executive Order No: _____

10. STANDBY ELECTRICAL GENERATORS: (Provide this generator data in addition to the engine data above)

Generator Mfr: _____ Model: _____ Rating: _____ kW

Is the generator only used during emergencies as defined in the ATCM? Yes No

Is the engine equipped with a non-resettable hour meter with minimum display of 9,999 hours? Yes No

Is the generator enrolled in an electrical utility Interruptible Service Contract (ISC)? Yes No

If part of an ISC program, does the contract require the engine to be used during Stage I/II alerts? Yes No

11. REMOTE ENGINE EXEMPTION:

Are you claiming the remote engine exemption? (*note: only applies to Existing In-Use engines*) Yes No

Will this engine ever be used in Ventura County? Yes No

Is the engine located more than one-half mile from any residential area, school, or hospital? Yes No

12. NEW ENGINES: (fill in for all engines installed after January 1, 2005)

Date of engine purchase: _____

EPA Family Name: _____



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AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM (Continued)

13. ENGINE LOCATION

In order to ensure compliance with the ATCM, facilities must provide detailed location data Yes No (either Latitude/Longitude or UTM coordinates) along with a **scaled map** identifying the property boundaries, parcel numbers and any house, hospital or school locations clearly identified. The scale and UTM datum must be shown. Is such a detailed map enclosed?

If available, provide an aerial/satellite photograph(s) showing the same area identified in the scaled map above using Google Earth, Google Maps or a similar type of photo/satellite mapping package. Are such photograph(s) enclosed? Yes No

Does the engine ever change location at this farm? If yes, identify all the multiple areas that the engine can be used at on the scaled map and/or aerial photograph provided above. Yes No

Is the engine located within one-quarter mile of (1,320 feet) of a residential area, school, or hospital? (include engines that *may* change location from outside 1,320 feet as identified in the answer above). **If Yes**, answer the following two questions: Yes No

(a) Distance from the engine to the residential area, school or hospital = _____ feet

(b) Direction from the engine to the residential area, school or hospital = _____ (e.g. NE)

14. EMISSION CONTROLS: (Please complete this section if emission controls are proposed or are on the engine)

Diesel Particulate Filter Oxidation Catalyst Other (describe): _____

Make: _____ Model: _____ ARB Executive Order No: _____

Particulate Matter Reduction Efficiency: _____ % (by mass)

15. SIGNATURE:

I hereby certify that all information provided on this application, and any attachments, is true and correct. I agree to pay any and all fees required by District rules for processing this application and for issuance of any Registration. If I abandon this project and withdraw my application, or should my application be disapproved, I understand that the registration fee is not refundable.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ORGANIZATION: _____



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16. ADDITIONAL CONTACTS:

Use this Section to add the contact information associated with your registration application. The registration holder/owner is assumed to be the contact in all of the below categories unless the District is otherwise informed. You may provide additional contact information, such as cell phones, FAX numbers, or email, as you desire.

OPERATOR

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

BILLING

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 _____

INSPECTION / 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)



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17. AUTHORIZED AGENT: (Complete this Section if appropriate)

I hereby designate _____
(agent's name- print)

of _____
(agent's business name - print)

to serve as the Authorized Agent for my company:

(applicant company's name - print)

at _____
(facility name(s) - print)

in dealing with either the San Luis Obispo County APCD, Santa Barbara County APCD or Ventura County APCD in matters regarding (check as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Engine Registration Application | <input type="checkbox"/> Billing |
| <input type="checkbox"/> Air Toxics/HRA | <input type="checkbox"/> Source Testing |
| <input type="checkbox"/> Inspections and compliance | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Other (state purpose): _____ | |

This Designation includes written correspondence, telephone discussions and meetings and shall remain in effect until it is suspended in writing by my company or the following date: _____ whichever is earlier.

As a designated Responsible Official, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print)	
Title	
Phone	
Address	
City, State, ZIP	
Signature	