

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



air pollution control district

260 N. San Antonio Road, Suite A Santa Barbara, CA 93110-1315 TEL: (805) 961-8800 FAX: (805) 961-8801 Email: engr@sbcapcd.org Web Site: www.ourair.org



Ventura County Air Pollution Control District

4567 Telephone Rd, Ventura CA 93003 TEL: (805) 303-4005 FAX: (805) 456-7797 Email: engineering@vcapcd.org Web Site: www.vcapcd.org

AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM

			ete all pages of the application.)
	your application is complete inc		
✓ Registration Fee ✓ C	Complete all sections ✓ Si	gnature on Application	✓ One Engine per Application
San Luis Obispo APCD: \$2	291 Santa Barbara	APCD: \$301 Ven	tura APCD: \$200
equal to 50 bhp that are used in application may be operated in geographic operational restrict engines that provide motive pot the engine resides. See Form A	n Agricultural Operations. To the San Luis Obispo, Santa Barbarions. You do not need to registe	ne extent allowed by law, the a or Ventura Counties. The er diesel engines used to poors). You are required to reguent and definitions of the terms	e registration will denote any wer agricultural wind machines or gister the engine in the County that used in this application and the
1. Facility Name:			
Facility Street Address			Assessor Parcel Number(s) (APN)
City, State ZIP:			
2. ENGINE OWNER: (If Contact Person: Company Name: Mailing Address: City, State ZIP:	a rental unit, fill in the rental co	mpany's information here.)	Is this a Rental Unit? Yes No Work Phone: FAX: Cell Phone:
E-Mail:			
	(Are the contacts below the sam as Owner	e as Engine Owner? If not, Inspections:	complete Section 16 also) Same as Owner
Billing: Same a	as Owner	Correspondences	: Same as Owner
4. AUTHORIZED AGEN If Yes, fill in Section 17.	Γ: Is this application filled out	by an Authorized Agent?	Yes No
☐ New Engine ☐ E	for less than 3 months in a sing is not required.	stall Emission Controls le location, it is not conside	Replace Existing Engine
D-4- D	,	Use Only)	
Date Received Stamp	APCD Application Number:	Registration No.	Fee:
	Receipt No.	Check No.	
Comments			
Form AG-1	Page 1 of	f 5	July 2024







••	DISTRICT: (Check the Counties where this engine curre	entry resides and/or may operate in the rat	ure)
	☐ San Luis Obispo County ☐ Santa Barbara C	ounty	nty
7.	ENGINE USE:		
	☐ Water Well Pump ☐ Booster Pump ☐	☐ Electrical Power ☐ Irrigation	Pump
	Other (describe):		
8.	ENGINE CLASSIFICATION: (Check one. See the de	finitions Form AG-2 for clarification)	
	☐ Stationary ☐ Seasonal ☐ Portable (note: boos	ster and well pumps are considered stations	ary for this ATCM)
	If portable, describe how this was determined:		
9.	ENGINE DATA: (Enclose a copy of the engine data sh	<u>eet</u> and a <i>photo of the engine nameplate</i> ,	if available)
	Installation Date: Manufacture Da	te or Approx	kimate Engine Age:
			:
	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: hou	ırs per year
	(Provide the following if known) EPA Family Name:	(Provide the following if known) ARB Executive Order No:	
10	EPA Family Name: STANDBY ELECTRICAL GENERATORS: (Provide	ARB Executive Order No:e this generator data in addition to the engineering the engineering and the engineering are considered as a second control of the engineering and the engineering are control or the engineering and the engineering are control or the engineering are	· ·
10	EPA Family Name:	ARB Executive Order No:e this generator data in addition to the engineering the engineering and the engineering are considered as a second control of the engineering and the engineering are control or the engineering and the engineering are control or the engineering are	ine data above) ing:kW
10	EPA Family Name: STANDBY ELECTRICAL GENERATORS: (Provide	ARB Executive Order No: e this generator data in addition to the enging Rate.	· ·
10	EPA Family Name: STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model:	ARB Executive Order No: e this generator data in addition to the enging Rate in the ATCM?	ing:kW
10	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Is the generator only used during emergencies as defined	ARB Executive Order No: e this generator data in addition to the enging Rate in the ATCM?	ing:kW
10	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Model: Is the generator only used during emergencies as defined Is the engine equipped with a non-resettable hour meter was a standard or the standard of the standard or t	ARB Executive Order No:e this generator data in addition to the enging Rate in the ATCM? with minimum display of 9,999 hours? le Service Contract (ISC)?	ing: kW ☐ Yes ☐ No ☐ Yes ☐ No
	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Model: Is the generator only used during emergencies as defined Is the engine equipped with a non-resettable hour meter was the generator enrolled in an electrical utility Interruptib	ARB Executive Order No:e this generator data in addition to the enging Rate in the ATCM? with minimum display of 9,999 hours? le Service Contract (ISC)?	ing:kW ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	EPA Family Name: STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Is the generator only used during emergencies as defined Is the engine equipped with a non-resettable hour meter w Is the generator enrolled in an electrical utility Interruptib If part of an ISC program, does the contract require the en	ARB Executive Order No: e this generator data in addition to the engine Rate in the ATCM? with minimum display of 9,999 hours? le Service Contract (ISC)? regine to be used during Stage II/III alerts?	ing:kW ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Is the generator only used during emergencies as defined Is the engine equipped with a non-resettable hour meter was the generator enrolled in an electrical utility Interruptib If part of an ISC program, does the contract require the entire REMOTE ENGINE EXEMPTION:	ARB Executive Order No: e this generator data in addition to the engine Rate in the ATCM? with minimum display of 9,999 hours? le Service Contract (ISC)? regine to be used during Stage II/III alerts?	Yes No No Yes No No Yes No No No No No No No N
	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Is the generator only used during emergencies as defined Is the engine equipped with a non-resettable hour meter was the generator enrolled in an electrical utility Interruptib If part of an ISC program, does the contract require the enamed of the REMOTE ENGINE EXEMPTION: Are you claiming the remote engine exemption? (note: or example)	ARB Executive Order No: e this generator data in addition to the enging Rate in the ATCM? with minimum display of 9,999 hours? le Service Contract (ISC)? agine to be used during Stage II/III alerts? only applies to Existing In-Use engines)	Yes No No Yes No No Yes No No No Yes Yes No Yes Y
11	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr:	ARB Executive Order No: this generator data in addition to the enging Rate of the ATCM? with minimum display of 9,999 hours? The Service Contract (ISC)? The service of	Yes No Yes Yes No Yes Yes
11	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr: Model: Model:	ARB Executive Order No: this generator data in addition to the enging Rate of the ATCM? with minimum display of 9,999 hours? The Service Contract (ISC)? The service of	Yes No Yes Yes No Yes Yes
11	EPA Family Name: . STANDBY ELECTRICAL GENERATORS: (Provide Generator Mfgr:	ARB Executive Order No: this generator data in addition to the enging Rate of the ATCM? with minimum display of 9,999 hours? The Service Contract (ISC)? The service of	Yes No Yes Yes No Yes Yes







13. ENGINE LOCATION ENGINE GEOGRAPHIC COORDINATES many methods including: handheld	•	_	•
Geographic Coordinates:	and	(circle the units):	Lat/Long, UTM
If UTM Coordinates are u	sed, circle the reference D	atum: NAD27, NAD83, WGS84	
If available, provide a map or aerial/marker to outline the property bound be obtained using Google Earth, Googlewood a similar type of package	dary and the location of th ogle Maps, Yahoo Maps,	e engine. Such maps/pictures may the Farm Works <i>Farm Trac</i>	☐ Yes ☐ No
Does the engine ever change locatio	n at this farm?		☐ Yes ☐ No
Is the engine located within one-qua hospital? (Include engines that <i>may</i> answer above). If Yes , answer the	change location from our		Yes No
(a) Distance from the en	gine to the residential area	, school or hospital =	feet
(b) Direction from the en	ngine to the residential are	a, school or hospital =	(e.g. NE)
14. EMISSION CONTROLS: (Please Diesel Particulate Filter	e complete this section if o	emission controls are proposed or are Other (describe):	e on the engine)
Make:	Model:	ARB Executive Order	r No:
Particulate Matter Reduction Efficie	ency:	% (by mass)	
15. SIGNATURE: I hereby certify that all information pany and all fees required by District abandon this project and withdraw negistration fee is not refundable.	rules for processing this a	pplication and for issuance of any Ro	egistration. If I
SIGNATURE:		DATE:	
PRINT NAME:			
ORGANIZATION:			







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)	







Thereby designate _	(agent's name- print)
of	(agent's business name - print)
	(agent's business name - print)
to serve as the Auth	orized Agent for my company:
	(applicant company's name - print)
at	(facility name(s) - print)
	(facility name(s) - print)
	the San Luis Obispo County APCD, Santa Barbara County APCD or Ventura tters regarding (<i>check as appropriate</i>):
☐ Engine Registra☐ Air Toxics/HRA☐ Inspections and☐ Other (state pur	tion Application Billing Source Testing compliance All of the above pose):
remain in effect until	ludes written correspondence, telephone discussions and meetings and shall it is suspended in writing by my company or the following whichever is earlier.
	sponsible Official, I hereby authorize the above mentioned agent to represent my ers identified above:
Name (print)	
Title	
Phone	
Address	
City, State, ZIP	