SLO COUNTY apcd Air Pollution Control District San Luis Obispo County
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
260 N. San Antonio Rd., #A, Santa Barbara, CA 93110
TEL: (805) 961-8800 FAX: (805) 961-8801
Email: engr@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: $217 **Santa Barbara APCD: $236** **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 _____ Assessor Parcel Number(s) (APN)

City, State ZIP: _____

2. ENGINE OWNER: (If a rental unit, fill in the rental company's information here) Rental Unit? ☐ Yes ☐ No

Contact Person: _____ Work Phone: _____

Company Name: _____ FAX: _____

Mailing Address: _____ Cell Phone: _____

City, State ZIP: _____ Email: _____

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

Operator: ☐ Same as Owner Inspections: ☐ Same as Owner

Billing: ☐ 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:

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

(CONTINUED ON NEXT PAGE)

(District Use Only)

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

AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM *(continued)*

☐ 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, 2, 3, 4 or 4)

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

Estimated Average Fuel Use: _____ gallons/year Average Operating Hours: _____ hours/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 Mfgr: _____ 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 II/III 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:

13. ENGINE LOCATION

AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM *(continued)*

Engine Geographic Coordinates. Provide the exact point where the engine is located. This data can be obtained by many methods including: handheld GPS, cell phone enabled GPS, using free online tools such as Google Earth.

Geographic Coordinates: _____ and _____ (circle the units): Lat/Long, UTM

If UTM Coordinates are used, circle the reference Datum: NAD27, NAD83, WGS84

If available, provide a map or aerial/satellite picture showing the entire property. Use a pen or marker to outline the property boundary and the location of the engine. Such maps/pictures may be obtained using Google Earth, Google Maps, Yahoo Maps, the Farm Works *Farm Trac* software or a similar type of package. Are such maps/pictures enclosed? Yes ☐ No ☐

Does the engine ever change location at this farm? 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)

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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)

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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: _____

AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM *(continued)*

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: _____

AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM *(continued)*

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

I hereby designate _____
agent's name – please print

of _____
agent's business name – please print

to serve as the Authorized Agent for my company:

_____
applicant company name – please print

at _____
facility name(s) – please 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*):

- ☐ Engine Registration Application
- ☐ Billing
- ☐ Air Toxics/HRA
- ☐ Source Testing
- ☐ Inspections and compliance
- ☐ All of the above
- ☐ 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	