



ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT
 43301 Division Street, Suite 206, Lancaster, CA 93535-4649
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Bret Banks
 Executive Director

APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY

PLEASE TYPE OR PRINT

Please refer to Rule 301 for Application Filing Fee.

Section 1: Facility/Owner Information

a. Permit To Be Issued To (Company Name):		b. Federal Tax ID #:
c. Mailing/Billing Address (for above company name)		
d. Facility or Business License Name (for equipment location):		
e. Facility Address - Location of Equipment (if same as for company, enter "Same"):		Facility UTM or Lat/Long:
f. Contact Name/Title:	Email Address:	Phone/Fax #.:
g. General Nature of Business:		
Type of Organization (check one):		
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency		

Section 2: Nature of Application

Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:	
Application is for:	For modification or change of owner:
<input type="checkbox"/> New Construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of Owner	Current Permit Number: _____
Do you claim Confidentiality of Data? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach explanation; specify which information provided is confidential)	

Section 3: Equipment Information

Engine Function: <input type="checkbox"/> Prime <input type="checkbox"/> Emergency <input type="checkbox"/> Low-Use (<80 hr/yr) <input type="checkbox"/> Portable <input type="checkbox"/> Stand-by (used only when a permitted prime unit is down for maintenance or repair)		
Engine Manufacturer:	Engine Model:	Engine Serial Number:
Year of Manufacture:	Date Installed:	
Rating (BHP):	Speed (RPM):	Number of Cylinders:
Fuel Type: <input type="checkbox"/> CARB Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Gasoline <input type="checkbox"/> Digester Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Other (specify): _____		
Alternate Fuel (if applicable) specify: _____ (e.g. Propane backup for Natural Gas engine)		
Engine Meter: <input type="checkbox"/> Hour Meter <input type="checkbox"/> Dedicated Fuel Meter <input type="checkbox"/> None		
Cycle Type: <input type="checkbox"/> two cycle <input type="checkbox"/> four cycle		Combustion Type: <input type="checkbox"/> Rich Burn <input type="checkbox"/> Lean Burn
Check all that apply: <input type="checkbox"/> Naturally Aspirated <input type="checkbox"/> Turbocharged <input type="checkbox"/> Aftercooled <input type="checkbox"/> Intercooled <input type="checkbox"/> Injection Timing Retarded <input type="checkbox"/> Air to Fuel Ratio Controller <input type="checkbox"/> Smoke Puff Limiter <input type="checkbox"/> Electronic Control Module <input type="checkbox"/> Staged Combustion <input type="checkbox"/> Direct Fuel Injection <input type="checkbox"/> Pre-Combustion Chamber <input type="checkbox"/> Piston Scavenging		

Add-on Emission Control Technology: <input type="checkbox"/> No <input type="checkbox"/> Yes: Attach Manufacturer's specifications, CARB Certification or Source Test Data			
If yes: Manufacturer:	Model:	Serial #:	CARB EO#:
Type: <input type="checkbox"/> SCR <input type="checkbox"/> Non-S CR <input type="checkbox"/> Particulate Trap <input type="checkbox"/> EGR <input type="checkbox"/> Oxidation Catalyst <input type="checkbox"/> Other (specify): _____			
Stack Data: Exhaust Stack Height from Ground:		feet	Exhaust Stack Diameter: feet
Stack is: <input type="checkbox"/> horizontal <input type="checkbox"/> vertical <input type="checkbox"/> open <input type="checkbox"/> weather cap			
Exhaust Vent Data:	Exhaust Temp:	°F	Maximum Exhaust Rate: CFM

Section 4: Emissions Data

Emission Factor Basis: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Source Test <input type="checkbox"/> AVAQMD Default <input type="checkbox"/> USEPA AP-42				
<input type="checkbox"/> Other (please specify): _____				
USEPA Family Name: _____	CARB Executive Order Number: _____			
Emissions Data: If no add-on controls are installed, enter "same" in Post Control Max. Emissions column				
Pollutant	Pre-Control Max. Emissions	Units	Post Control Max. Emissions	Units
NOx				
NMHC				
CO				
PM10				
SOx				

Section 5: Powered Item

This ICE is used to power:	
<input type="checkbox"/> Electrical Generator	<input type="checkbox"/> Compressor <input type="checkbox"/> Pump <input type="checkbox"/> Paint Spray Gun <input type="checkbox"/> Conveyor or Drive <input type="checkbox"/> Fire Pump
<input type="checkbox"/> Other (specify): _____	
PERP Registration Number (if applicable): _____	
Manufacturer:	Model: Serial #: Size/Rating:

Section 6: Operation Information

Fuel Consumption at Maximum Rated Load: <input type="checkbox"/> gal/hour <input type="checkbox"/> SCF/hour <input type="checkbox"/> MMBtu/hr	
Typical Load: _____ % of Maximum Rated Load	
Facility Annual Throughput by Quarters (percent):	Expected Operating Hours of IC Engine:
<input type="checkbox"/> Uniform OR _____% Jan-Mar _____% Apr-Jun	_____ Hours/Day _____ Days/Week _____ Weeks/Year
_____ % Jul-Sep _____ % Oct-Dec	_____ Total Annual Hours

Section 7: Receptor Information

Distance (Feet) and direction to the property line of closest:	Residence:	Business:	School:
Name of Closest School (K-12): _____			
<i>If the proposed ICE operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CA H&S §42301.6)</i>			

*Please note, District Staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

Section 8: Certification

I hereby certify that all information contained herein is true and correct.			

Name of Responsible Official	Official Title	Signature of Responsible Official	Date Signed
Telephone Number:	Email:		

-For District Use only-

Application Number:	Invoice Number:	Permit Number:	Company/Facility Number
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