

Antelope Valley Air Quality Management District

2551 W Avenue H, Lancaster, CA 93536

Phone: 661-723-8070

Email: www.AVAQMD.ca.gov

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

1. Company Name (Permit to be issued to):		2. Federal Tax ID #:	
3. Mailing/Billing Address (for above company name):		3a. Billing Email Address:	
4. Facility or Business License Name (for equipment location):			4b. APN #
5. Facility Address - Location of Equipment (if same as for company, enter "Same"):		5a. Facility UTM:	5b. Facility Lat/Long:
6. Contact Name/Title:	6a. Email Address (if same as billing, enter "Same"):	6b. Phone:	
7. General Nature of Business:		7a. NAICS Code:	7b. SIC Code:
8. Type of Organization (check one): Individual Owner Partnership Corporation Utility Local Agency State Agency 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: New Construction Modification Change of Owner	For modification or change of owner: Company No.: _____ Current Permit #: _____ Facility No.: _____
Do you claim Confidentiality of Data? No Yes (attach explanation; specify which information provided is confidential)	

Section 3: Equipment Information

Engine Use: Prime Emergency Stand-by (used only when a permitted prime unit is down for maintenance or repair)	Stationary OR Portable
Engine Manufacturer:	Engine Model: Engine Serial Number:
Year of Manufacture:	Date Installed:
Rating (BHP):	Speed (RPM): Number of Cylinders:
Fuel Type: CARB Diesel Natural Gas Propane/LPG Gasoline Digester Gas Landfill Gas Other (specify): _____	
Alternate Fuel (if applicable) specify: _____ (e.g. Propane backup for Natural Gas engine)	
Engine Meter: Hour Meter Dedicated Fuel Meter None	
Cycle Type: two cycle four cycle	Combustion Type: Rich Burn Lean Burn
Check all that apply: Naturally Aspirated Turbocharged Aftercooled Intercooled Injection Timing Retarded Air to Fuel Ratio Controller Smoke Puff Limiter Electronic Control Module Staged Combustion Direct Fuel Injection Pre-Combustion Chamber Piston Scavenging Other (specify): _____	
Add-on Emission Control Technology: No Yes: Attach Manufacturer's specifications, CARB Certification or Source Test Data	
If yes: Manufacturer:	Model: Serial #: CARB EO#:

Type:	SCR	Non-SCR	Particulate Trap	EGR	Oxidation Catalyst	Other (specify): _____
Stack Data: Exhaust Stack Height from Ground:	_____	feet	Exhaust Stack Diameter:	_____	feet	
Stack is:	horizontal	vertical	open	weather cap		
Exhaust Vent Data: Exhaust Temp:	_____	°F	Maximum Exhaust Rate:	_____	CFM	

Section 4: Emissions Data

Emission Factor Basis:	Manufacturer	Source Test	AVAQMD Default	USEPAAP-42
	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:					
Electrical Generator	Compressor	Pump	Paint Spray Gun	Conveyor or Drive	Fire Pump
Other (please, specify): _____					
PERP Registration Number (if applicable): _____					
Manufacturer:	Model:	Serial #:	Size/Rating:		

Section 6: Operation Information

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

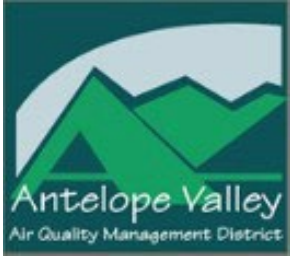
***Please note, District Staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.**

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 No.:	Invoice No.:	Permit No.:	Company/Facility No.:
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Application Submittal Instructions

- 1) Submit completed application to engineering@avaqmd.ca.gov
- 2) Pay the corresponding application fee via check or credit card

Payment by check:

Make check payable to: Antelope Valley AQMD

Mail the check with a copy of this completed application to:

Antelope Valley AQMD 2551 West Ave H, Lancaster, CA 93536

Payment by credit card:

Pay online at our website: <http://www.avaqmd.ca.gov>

Click "Pay Fees" under Quicklinks.

Please note a surcharge applies for all credit card payments.

If payment is made online via credit card, please email the receipt to engineering@avaqmd.ca.gov.

Should you have any additional questions, please, do not hesitate to contact the permitting division at 661-723-8070, or via email at engineering@avaqmd.ca.gov.