



**ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT**  
 2551 WEST AVE H SUITE 102, LANCASTER, CA 93536  
 PHONE: (661) 723-8070 • [www.avaqmd.ca.gov](http://www.avaqmd.ca.gov)

**AGRICULTURAL DIESEL ENGINE REGISTRATION**

Registration Fee: \$325      One Engine per Application

<b>1. Owner/Operator info</b>					
Registration to be Issued to (Owner/operator or Company Name):					
Doing Business As:					
Street Address:			City:	State:	Zip:
Phone:	FAX:		E-Mail:		
<b>2. Engine Location/Address</b>					
Street Address:			City:	Assessor's Parcel Number (APN):	
Intersecting Streets:			UTM Coordinates:		
			km East	km North	
¼ Section:	Township:	Range:	Longitude:	Latitude:	
Number of Engines at this Location:			(Complete Additional Ag. Engine Form if more than 1 engine)		
Does this engine change location at the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please describe location changes:		
<b>3. General Nature of Business (Check One)</b>					
<input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Rental <input type="checkbox"/> Other (list):					
<b>4. Engine Type (Check Portable or Stationary and Seasonal or Permanent)</b>					
<input type="checkbox"/> Portable <input type="checkbox"/> Stationary <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent					
<b>5. Application Type (Check One)</b>					
<input type="checkbox"/> Existing Engine		<input type="checkbox"/> Engine Replacement		<input type="checkbox"/> Change of Ownership	
<input type="checkbox"/> New Engine		<input type="checkbox"/> Install Emission Control		<input type="checkbox"/> Renewal	
<b>6. Engine Use (Check One)</b>					
<input type="checkbox"/> Irrigation Pump		<input type="checkbox"/> Booster Pump		<input type="checkbox"/> Electrical Power	
<input type="checkbox"/> Water Well Pump		<input type="checkbox"/> Lagoon Pump			
<b>Date Received</b>			<b>Validation (for AVAQMD use )</b>		
			Filing Fee:            \$		
			Receipt Number:		

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INSTALLATION DATE: \_\_\_\_\_

<b>7. Engine Data</b>			
Make:	Model:	Year:	
Serial Number:	EPA Engine Family Name:	Rated Brake Horsepower:	
EPA Engine Tier (check one): <input type="checkbox"/> Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4			
<b>8. Stack Data</b>			
Weather Cap: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Inner Diameter:	Inches	Height of Discharge:        Feet
<b>9. Fuel Data</b>			
Estimated Average Fuel Use:	gal/yr	Average Annual Operating Hours:	hrs/yr
Fuel Used: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other Fuel (list):			
<b>10. Engine Specifications/Emissions Controls (check all that apply)</b>			
<input type="checkbox"/> Diesel Particulate Filter (DPF)	<input type="checkbox"/> Non-selective Catalytic Reduction	<input type="checkbox"/> Timing Retarded	
<input type="checkbox"/> Positive Crankcase Ventilation	<input type="checkbox"/> Oxidation Catalyst (OC)	<input type="checkbox"/> Turbo Charger	
<input type="checkbox"/> Exhaust Gas Recirculation	<input type="checkbox"/> Intercooler (Aftercooler)		
DPF/OC Manufacturer and Model:			
DPF/OC Control Efficiency:			
List any other Emissions Control Device:			
<b>11. Emissions Data</b>			
Please check one if requesting emission limits exemption:		<input type="checkbox"/> Emergency Generator	<input type="checkbox"/> Remote Location <sup>1</sup>
Particulate Matter (PM <sub>10</sub> ):	g/bhp-hr	Carbon Monoxide:	g/bhp-hr
Oxides Of Nitrogen (NO <sub>x</sub> ):	g/bhp-hr	Hydrocarbons <sup>2</sup> :	g/bhp-hr
Is engine exhaust Data Sheet attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>1</sup> Exemption only valid in the Indian Wells Valley		
Request for emission limits exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> NMHC (non-methane hydrocarbons) VOC (volatile organic compounds)		
<b>12. Receptor Data</b>			
Is the engine located or to be located within ¼ mile of an off-site residential area (3 or more homes), school, or hospital?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, check one and complete the following: <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Hospital			
Name of School or Hospital:	Address of Receptor:		City:
Coordinates to Receptor:	Distance from Engine:	Ft.	Compass Direction to Engine:        Deg.
Print Name:		Job Title:	
Signature:		Date:	