



Antelope Valley Air Quality Management District
 43301 Division St., Suite 206
 661-723-8070
www.AVAQMD.ca.gov

GASOLINE DISPENSING APPLICATION FORM

Section 1: Owner Information

Please refer to Rule 301 for Application Filing Fee

Permit to Be Issued To (Company name):		Federal Tax ID #:	
Mailing/Billing Address (for above company name) <i>include city, state, and zip code:</i>			
Facility or Business License Name (for equipment location):			
Facility Address - Location of Equipment (if same as for company, enter "Same"):		Equip. Coordinates (lat/long):	
Contact Name:	Title:	Email Address:	Phone:
General Nature of Business:		Company NAICS:	
Type of Organization (Check one):			
Individual Owner	Partnership	Corporation	Utility
	Local Agency	State Agency	Federal Agency

Section 2: Nature of Application

Business Type:	Retail	Non-Retail	Date Business was acquired:
Application is for what type of permit:	New Construction		Modification
	Change of Owner		
For modification or change of owner: Current Permit #:			
If Modification, please describe:			

Section 3: Throughput Information

Please Indicate Maximum Anticipated Throughput					
Existing Facility			New Facility		
Gasoline all grades combined	E85	Other_____	Gasoline all grades combine	E85	Other_____
Use Existing permit Limit			_____ Gallons per month		
Requesting throughput limit increase. New limit: _____			_____ Gallons per calendar quarter		
_____ Gallons per month					
_____ Gallons per calendar quarter					

FOR DISTRICT USE ONLY

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

Section 4: Equipment Description

Storage Tanks

Tank No.	Type		Capacity (gallons)	Tank Status		Fuel					
	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		New	Existing	<input type="checkbox"/> 87	<input type="checkbox"/> 89	<input type="checkbox"/> 91	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
1	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87	<input type="checkbox"/> 89	<input type="checkbox"/> 91	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
2	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87	<input type="checkbox"/> 89	<input type="checkbox"/> 91	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
3	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87	<input type="checkbox"/> 89	<input type="checkbox"/> 91	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
4	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 87	<input type="checkbox"/> 89	<input type="checkbox"/> 91	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>

Underground Tanks - Phase I Vapor Recovery System - Gasoline or E85 only

Phase I Manufacturer and CARB Executive Order			Phase I Description Check the applicable Box(s)		P/V Valve			
<input type="checkbox"/> VR-101 Phil-Tite	<input type="checkbox"/> VR-102 OPW	<input type="checkbox"/> VR-103 EBW	<input type="checkbox"/> Direct Bury	<input type="checkbox"/> Remote	No. of Tank Vents	No. of P/V Valves	Make	Model
<input type="checkbox"/> VR-104 CNI	<input type="checkbox"/> VR-105 Emco Wheaton	<input type="checkbox"/> VR-_____	<input type="checkbox"/> Vapor Riser Offset	<input type="checkbox"/> Remote Additive Fill				
			<input type="checkbox"/> Double Fill	_____				

Underground Tanks - Phase II Vapor Recovery System - Gasoline or E85 only

Phase II Manufacturer and CARB Executive Order		No. of Nozzles		Processor Type	ISD	
<input type="checkbox"/> VR-201 Healy NO ISD	<input type="checkbox"/> VR-202 Healy with ISD	Existing	Additional or New		Make	Software version
<input type="checkbox"/> VR-203 Balance NO ISD	<input type="checkbox"/> VR-204 Balance with ISD	Dual Product: _____	Dual Product: _____	<input type="checkbox"/> Healy CAS <input type="checkbox"/> Hirt VCS100 <input type="checkbox"/> Veeder-Root Vapor Polisher <input type="checkbox"/> VST Green Machine <input type="checkbox"/> VST Membrane <input type="checkbox"/> _____	<input type="checkbox"/> INCON	_____
<input type="checkbox"/> VR-205 VST with Hirt VCS 100 NO ISD	<input type="checkbox"/> VR-208 Emco Wheaton with Hirt VCS 100 NO ISD	Single Product (grade and no.): _____	Single Product (grade and no.): _____		<input type="checkbox"/> Veeder-Root	<input type="checkbox"/> Exempt from ISD, the facility's annual actual gasoline throughput is less than 600,000 gallons
<input type="checkbox"/> VR-207 Emco Wheaton with Hirt VCS 100 NO ISD	<input type="checkbox"/> _____	_____	_____		<input type="checkbox"/> VST Green Machine	
<input type="checkbox"/> VR-209 VST with FFS CAS NO ISD	<input type="checkbox"/> _____	Diesel: _____	Diesel: _____		<input type="checkbox"/> VST Membrane	
Exempt from Phase II						
<input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks						

Aboveground Tanks - Gasoline or E85 only

No.	Information	Standing Loss Compliance	Phase I Manufacturer and CARB Executive Order	Phase II CARB Executive Order	No. of Nozzles
1	Make: _____ Model: _____ Serial No.: _____	The Tank is existing and it complies with VR-301: <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR- 301 as certified. The Tank is new and it complies with VR-302: <input type="checkbox"/> The Tank is listed in VR- 302 as certified.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/> _____	CARB Executive Order _____ Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	Triple-Product: _____ Dual Product: _____ Single Product (grade and no.): _____ Diesel: _____

2	Make: _____	The Tank is existing and it complies with VR-301: <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as certified.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/> _____	CARB Executive Order _____ Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	_____
	Model: _____				
3	Serial No.: _____	The Tank is existing and it complies with VR-301: <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as certified.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/> _____	CARB Executive Order _____ Exempt from Phase II <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	_____
	Make: _____				
Model: _____	Serial No.: _____				

Section 5: Contractor/Installer Information

Contractor Name: _____		Address: _____		Phone: _____	Email: _____
Technician/Installer Name _____	ICC Certificate _____		Phase I Certificate _____		

Section 6: 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 facility 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 (CH&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 7: 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
Phone: _____	Email: _____		

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 the Antelope Valley AQMD
 Mail the check with a copy of this completed application to:
 Antelope Valley AQMD
 43301 Division Street, Suite 206
 Lancaster, CA 93535

Payment by credit card:

Pay online at our website: <http://www.avaqmd.ca.gov/>
 Click "Pay Fees"
 Please note a surcharge applies for all credit card payments.

- 3) 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