

County of Tehama Air Pollution Control District

1750 Walnut St., (P.O. Box 38)

Red Bluff, CA 96080

(530) 527-3717

Exempt Stationary Internal Combustion Engine Application Form

(Application must be typewritten or printed in ink)

1. Organization Type: Corporation Partnership Individual Owner Government Agency Other

2. Name: _____

3. Address: _____

4. City: _____ 5. State: _____ 6. Zip: _____ 7. Phone: _____

8. Contact Person/Title: _____ 9. FAX: _____

Please specify the facility name, street address, and phone number where the equipment is located or is proposed to be installed.

10. Facility Name: _____

11. Facility Address: _____

12. City: _____ 13. State: _____ 14. Zip: _____ 15. Phone: _____

16. Contact Person/Title: _____ 17. FAX: _____

18. Exempt stationary engine information (Please fill in all applicable information and check the appropriate box for exemption.):

Engine manufacturer: _____ Model number: _____

Latitude: _____ Longitude: _____

Serial #: _____ Rated Brake Horsepower (engine nameplate): _____

Type of Fuel (diesel, gasoline, natural gas, etc.): _____ Four or two cycle: _____

Hour meter reading: _____ Date read: _____

Agricultural engine operated directly and exclusively in the growing of crops or raising of fowl or animals:

Non-emergency engine operating less than 200 hours per calendar year as **determined by a non-resetting hour meter**:

Emergency engine:

Engine rated equal to or less than (\leq) 50 brake horsepower if maintained to manufacturers specifications:

Gas turbine engine:

Engine operated exclusively for fire fighting or flood control:

Laboratory engines operated in research and testing:

State of California Portable equipment registration certificate number: _____

Diesel internal combustion engine manufactured prior to 1950 and operated less than 500 hours per year:

I hereby certify that all information provided in this application is true and correct.

19. Signature: _____ Date: _____

(Signature of responsible official, partner, or sole proprietor. Original signature required, no photocopies)

20. Print Name: _____ Organization: _____