Feather River Air Quality Management District

Application for Certificate of Registration

Compression Ignition Engines Used in Agricultural Operations

1007 Live Oak Blvd Suite B-3
Yuba City, CA 95991
(530) **634-7659**
FAX (530) **634-7660**
www.fraqmd.org

David A. Valler, Jr.
Air Pollution Control Officer

Form 1 – General Information

1. Registration to be Issued To (Owner/Operator or Company Name):

_____

2. Street Address:			
	Street Address	*Suite/Unit #*	
	City	*State*	*ZIP Code*
3. Mailing Address: (if different from above)			
	Street Address/PO Box	*Suite/Unit #*	
	City	*State*	*ZIP Code*

4. Contact Name:		Title:			
Phone:	( )	Fax:	( )	E-mail:	

5. General Nature of Business: ☐ Field Crop ☐ Row Crop ☐ Orchard ☐ Dairy ☐ Timber Harvesting ☐ Other: _____

6. Purpose of Application: ☐ Initial Engine Registration (Complete Line #7) ☐ Install Emission Controls (Complete Line #8) ☐ Change of Engine Ownership (Complete Line #9)

7. Initial Engine Registration: Please attach one (1) Agricultural Engine Supplemental Form for each engine being registered.

☐ FORM 2 – Agricultural Engine Supplemental Form Number of Engines: _____

8. Install Emission Controls: ☐ Diesel Particulate Filter **OR** ☐ Oxidation Catalyst Engine Reg #: _____

Make: _____ Model: _____ ARB Executive Order #: _____

9. Change of Engine Ownership:

Previous Owner: _____ Engine Registration #(s): _____

10. Application Fees:	Number of Engines		Fee		Total
Initial Engine Registration (Line 7)	_____	X	$121.00	=	$_____
Change of Ownership (Line 9)	_____	X	$35.00	=	$_____
			Total		$_____

Fees Payable To:

FRAQMD
1007 Live Oak Blvd, Suite B-3
Yuba City, CA 95991

Additional Fees will be assessed and invoiced upon issuance of registration, cancellation/withdrawal of registration application, and/or upon denial of application. The additional fees will be assessed pursuant to District Rule 7.14 at the currently hourly rate to cover costs of assessment, processing, and evaluation of the application. Hearing Board costs are additional. These fees do not include State costs incurred pursuant to Section 44380 of the California Health and Safety Code.

District Hourly Fee (as of 7/1/2009) $74.00/hour

I certify under penalty of perjury under the laws of the State of California, based on information and belief formed after reasonable inquiry, that the information contained in this application, composed of the forms and attachments, is true, accurate, and complete, and that I am the responsible official.

RESPONSIBLE OFFICIAL SIGNATURE:_____

NAME (PRINTED):_____TITLE:_____DATE:_____

FOR FRAQMD USE ONLY

RECEIPT #_____DATE_____RECEIVED BY_____**CERTIFICATE APPLICATION #**_____