

## Feather River Air Quality Management District

### Form 2 – Agricultural Engine Supplemental Form

Directions: Please fill out one (1) Agricultural Engine Supplemental Form for each engine being registered.

1) Owner/Operator/Company Name			
2) Manufacturer's Maximum Brake Horsepower:		_____ HP @ _____ RPM	
3) Engine Manufacturer:	4) Engine Model:		
5) Engine Family:	6) Engine Serial Number:		
7) Year of Manufacture:	(or approximate age of engine _____ yrs old)		
8) Date of Installation or of Proposed Installation:			
9) Engine Tier:	<input type="checkbox"/> Tier "0" (non-certified / pre-1996) <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4		
10) Fuel Type and Estimated Usage:		<input type="checkbox"/> CARB Diesel <input type="checkbox"/> Other, Please specify: _____	
		_____ Gallons/Year                     _____ Hours of Operation/year	
11) Equipped with an hour meter or fuel flow meter? <input type="checkbox"/> Hour Meter <input type="checkbox"/> Fuel Flow Meter			
12) Work Performed: <input type="checkbox"/> Generator Set <input type="checkbox"/> Water Pump Drive <input type="checkbox"/> Compressor Drive <input type="checkbox"/> Other: _____			
13) Location of Operation (Supply at least one of the following):			
<input type="checkbox"/> Latitude/Longitude: _____ deg. _____ min _____ sec Northing, OR Decimal _____			
<input type="checkbox"/> _____ deg. _____ min _____ sec Easting, OR Decimal _____			
<input type="checkbox"/> Universal Trans Meridian (UTM): Zone 10 _____ E _____ N			
<input type="checkbox"/> PLSS data: Town: _____ Range: _____ Section: _____			
<input type="checkbox"/> Parcel/Plot Number: _____			
14) Does the engine ever change location (excluding time spent in storage)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15) Is the engine operated within 0.25 miles from a residential area, school, or hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
"Residential Area" means three or more permanent residences located anywhere outside the facility's property.			
16) Is the engine operated more than 0.5 miles from all residential areas, schools, and hospitals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are you interested in claiming the remote engine extension? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17) Does the engine operate entirely within Yuba and/or Sutter counties?			
<input type="checkbox"/> Yes <input type="checkbox"/> No, Please list other counties: _____			
18) Address/location in which the engine is stored when not in use: _____			
19) Printed Name of Owner/Operator:		Title:	
20) Signature of Owner/Operator:		Date:	