

**Feather River Air Quality Management District**  
**Certification of Equipment Non-Operation Form**



541 Washington Avenue  
Yuba City, CA 95991  
(530) 634-7659  
FAX (530) 634-7660  
www.fraqmd.org

**Christopher D. Brown AICP**  
**Air Pollution Control Officer**

To: Feather River Air Quality Management District

I hereby certify that the below listed equipment has been removed and/or rendered inoperable to the satisfaction of the Feather River Air Quality Management District (FRAQMD).

Permit ID#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
\_\_\_\_\_

Equipment (as listed on Permit to Operate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the reinstallation, or any modification to the listed equipment that has the potential to render the equipment operable, without a proper Authority to Construct or Permit to Operate from the District is a violation of State Law and District rules and may be subject to Notices of Violation (NOV) and monetary penalties.

In the event that the equipment is put back into service or replaced, an application for a permit will be submitted and approved by the District prior to using the equipment.

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 is true, accurate, and complete, and that I am the responsible official.

RESPONSIBLE OFFICIAL SIGNATURE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

---

**For District Use Only**

The above equipment/location has been inspected and the listed equipment has been removed and/or rendered inoperable to the satisfaction of the District.

FRAQMD INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_