

Feather River Air Quality Management District

Application for Certificate of Registration

Compression Ignition Engines Used in Agricultural Operations



Serving Sutter and Yuba Counties

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

Form 1 – General Information

1. Registration to be Issued To: <i>(Owner/Operator or Company Name)</i>	_____					
2. Facility Address:	Street Address: _____					
	City:	_____	State:	_____	Zip:	_____
3. Mailing Address: <i>(if different from above)</i>	Mail Address: _____					
	City:	_____	State:	_____	Zip:	_____
4. Contact Information:	Name: _____			Title: _____		
	Phone:	() _____	Fax:	() _____		
	E-mail: _____					
5. Nature of Business:	<input type="checkbox"/> Field/Row Crop <input type="checkbox"/> Orchard <input type="checkbox"/> Dairy <input type="checkbox"/> Ranch <input type="checkbox"/> Other: _____					

6. Purpose of Application:	<input type="checkbox"/> Initial Engine Registration (Complete Line #7)			<input type="checkbox"/> Change of Ownership (Complete Line #8)			<input type="checkbox"/> Install Emission Controls (Complete Line #9)		
7. Initial Engine Registration:	Attach one (1) Supplemental Form for each engine being initially registered.								
	<input type="checkbox"/> FORM 2 – Agricultural Engine Supplemental Form						Number of Engines: _____		
8. Change of Ownership:	Complete if you purchased an engine that is currently registered with FRAQMD.								
	Previous Owner: _____						FRAQMD Registration #(s): _____		
9. Install Emission Controls:	Complete if you are installing a verified emission control system on your registered engine.								
	<input type="checkbox"/> Oxidation Catalyst			<input type="checkbox"/> Diesel Particulate Filter					
	ARB Executive Order #: _____						FRAQMD Registration #(s): _____		

10. Application Fees:	Number of Engines		Fee		Total	Fees Payable To: FRAQMD 541 Washington Avenue Yuba City, CA 95991
Initial Engine Registration (Line 7)	_____	X	\$143.00	=	\$ _____	
Change of Ownership (Line 8)	_____	X	\$44.0	=	\$ _____	

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 Rate (as of 7/1/2020): \$90.00/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 # _____