Form 1 – General Information

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

2. Facility Address:  
Street Address:  
City:  
State:  
Zip:  

3. Mailing Address:  
(if different from above)  
Mail Address:  
City:  
State:  
Zip:  

4. Contact Information:  
Name:  
Title:  
Phone:  
Fax:  
E-mail:  

5. Nature of Business:  
☐ Field/Row Crop  ☐ Orchard  ☐ Dairy  ☐ Ranch  ☐ Other:  

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

7. Initial Engine Registration:  
Attach one (1) Supplemental Form for each engine being initially registered.  
☐ 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.  
☐ Oxidation Catalyst  
☐ Diesel Particulate Filter  
ARB Executive Order #:  
FRAQMD Registration #(s):  

10. Application Fees:  
<table>
<thead>
<tr>
<th>Number of Engines</th>
<th>Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Engine Registration (Line 7)</td>
<td>X</td>
<td>$143.00 = $</td>
</tr>
<tr>
<td>Change of Ownership (Line 8)</td>
<td>X</td>
<td>$42.50 = $</td>
</tr>
</tbody>
</table>

Fees Payable To:  
FRAQMD  
541 Washington Avenue  
Yuba City, CA 95991  

District Hourly Rate (as of 7/1/2017): $82.00/hour

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.

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 #  

Application for Certificate of Registration/Cover Form  
Revised 6/27/2019