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: (Owner/Operator or Company Name)										
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:	🗌 Fiel	d/Row Crop	Orchard	🗌 Dairy	🗌 Ra	nch	Other	r:		

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:						
9 Change of Ownership	Complete if you purchased an engine that is currently registered with FRAQMD.						
8. Change of Ownership:	Previous Owner:	FRAG	QMD Registration #(s):				
	Complete if you are installing a verified emission control system on your registered engine.						
9. Install Emission Controls:	Oxidation C	Catalyst 🗌 Di	iesel Particulate Filter				
	ARB Executive Order #:	FRAG	FRAQMD Registration #(s):				

10. Application Fees:	Number of Engines		Fee		Total	Fees Payable To:		
Initial Engine Registration (Line 7)		х	\$168.01	=	\$	FRAQMD		
Change of Ownership (Line 8)		х	\$50.40	=	\$	541 Washington Avenue 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 Rate (as of 7/1/2023): \$103.05/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		d By			_CERTIFICATE #	APPLICATION #		