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) EPA Engine Family: 

6) Engine Serial Number: 

7) Year of Manufacture: (or approximate age of engine yrs old)

8) Engine Tier: [ ] Tier 0 (non-certified / pre-1996) [ ] Tier 1 [ ] Tier 2 [ ] Tier 3 [ ] Tier 4

9) Date of Initial Installation or Date of Proposed Installation:

10) Have you owned and/or operated this engine since March 1, 2008? [ ] Yes [ ] No

11) Fuel Type and Estimated Usage: [ ] CARB Diesel [ ] Other - Please specify: ________________________________

Gallons/Year Hours of Operation/year

12) Equipped with an hour meter or fuel flow meter? [ ] Hour Meter [ ] Fuel Flow Meter

13) Work Performed: [ ] Generator Set [ ] Water Pump Drive [ ] Compressor Drive [ ] Other: ____________________________

14) Location of Operation (Supply at least one of the following):

[ ] Latitude/Longitude: Northing - _____ deg. _____ min _____ sec OR Decimal .

Easting - _____ deg. _____ min _____ sec OR Decimal .

[ ] Universal Trans Meridian (UTM): Zone 10 _________ E _________ N

[ ] PLSS data: Township: _________ Range: _________ Section: _________

[ ] Parcel/Plot Number: __________________________

[ ] Distance & Direction to Nearest Crossroads: __________________________

15) Does the engine operate at more than one location? [ ] Yes [ ] No

16) Does the engine operate entirely within Yuba and/or Sutter counties? [ ] Yes [ ] No, Please list other counties: __________________________

For the following question:

“Residential Area” means three or more permanent residences located anywhere outside the facility's property.

17) Is the engine operated within 0.5 miles from a residential area, school, or hospital? [ ] Yes [ ] No

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: __________________________