

**Feather River Air Quality Management District**

**Application for Emission Reduction Credits  
Biomass ERC**



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Yuba City, CA 95991  
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www.fraqmd.org

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

**Filing Fee \$60.00 (non-refundable and to be submitted with this application)**

**\*Additional fees will be assessed pursuant to District Rule 7.7 (a copy of Rule 7.7 is available on request) at an hourly rate to cover costs of assessment, processing, and evaluation of the application. Inspections of the site and Hearing Board costs are additional. These fees do not include State costs incurred pursuant to Section 44380 of the California Health and Safety Code.**

Please provide the appropriate information below. Include authorization to apply from landowner if landowner is not the applicant. Indicate if any section is not applicable (N/A) and give explanation as to why. Attach additional sheets for each additional field if information is not consistent with that presented below. Please print or type the requested information (a parcel may include one or more fields or parts thereof, which are under common ownership).

Applicant: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Landowner: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Authorized Designee: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

ERC is to be issued as follows: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

The applicant acknowledges that, upon issuance of an ERC certificate, a burn permit will not be issued for those fields for which ERC credits have been granted unless the certificate is first modified or surrendered (or the applicant qualifies for an exemption). Applicant further acknowledges that he/she is aware of the rules governing issuance of ERCs.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Feather River Air Quality Management District

## BIOMASS EMISSION REDUCTION CREDIT (ERC) SURVEY FORM

Attach a map of each parcel covered by this application. Supporting documentation must be available for each field showing date, type of material and number of acres burned. Please note that ERCs can only be granted for fields that were burned at least once in the period between 1988-1992.

Please type or print the following information for each field:

### Parcel Information

Biomass Residue Type: \_\_\_\_\_

Method of Biomass Disposal: \_\_\_\_\_

Assessor's Parcel No.: \_\_\_\_\_

Field ID and total acres: \_\_\_\_\_

Identify acres for banking: \_\_\_\_\_

Identify acres for discount: \_\_\_\_\_

County: \_\_\_\_\_

Section: \_\_\_\_\_

Township: \_\_\_\_\_

Range: \_\_\_\_\_

Crossroads: \_\_\_\_\_

Registered Land Owner: \_\_\_\_\_

### Baseline Information

Indicate which quarter the field was burned.

1988 \_\_\_\_\_

1989 \_\_\_\_\_

1990 \_\_\_\_\_

1991 \_\_\_\_\_

1992 \_\_\_\_\_

Date: \_\_\_\_\_

## Feather River Air Quality Management District

### DESIGNATION OF AUTHORITY TO APPLY FOR, TRANSFER OR TERMINATE BIOMASS EMISSION REDUCTION CREDITS (ERC)

I, \_\_\_\_\_ certify that I am the owner of the parcel of land identified below. I hereby appoint \_\_\_\_\_ as my agent solely for the purposes of applying for, transferring or modifying (circle one) an ERC pursuant to Rule 10.2 of the Feather River AQMD for the following identified parcel. This authorization supercedes any prior such authorization for the parcel.

Attach a map for each parcel covered by this authorization. Please type or print the following information for each field:

#### Parcel Information

Assessor's Parcel No.: \_\_\_\_\_  
Field ID and total acres: \_\_\_\_\_  
County: \_\_\_\_\_  
Section: \_\_\_\_\_  
Township: \_\_\_\_\_  
Range: \_\_\_\_\_  
Nearest Crossroads: \_\_\_\_\_

The applicant acknowledges that, upon issuance of an ERC certificate, parcels covered by an ERC are not eligible for a burn permit. The District may require that signing of this authorization form be certified by a notary public (a check for the filing fee, signed by the property owner, may be filed with the application in lieu of notarizing the signature).

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_