



RULE 1610 MSERC APPLICATION

A filing fee and an evaluation fee, as specified in Rule 309(c)(2),
are required with the submittal of this application.

Additional evaluation fees may be assessed per Rule 309(c)(3) after submittal of the application.

1. COMPANY NAME	AQMD ID# (IF KNOWN)
2. BUSINESS MAILING ADDRESS	
3. CONTACT PERSON (INCLUDING TITLE AND TELEPHONE NUMBER)	
4. ALTERNATE CONTACT PERSON (INCLUDE TITLE AND TELEPHONE NUMBER)	
5. SCRAPPING PLAN APPLICATION NUMBER _____ DATE OF SCRAPPING PLAN APPROVAL LETTER _____	
6. APPLICATION REPORTING PERIOD THIS RULE 1610 MSERC APPLICATION IS SUBMITTED FOR THE FOLLOWING DATES. _____ THROUGH _____	
7. TOTAL NUMBER OF VEHICLES SCRAPPED DURING THIS REPORTING PERIOD TOTAL _____ INCLUDE AS ATTACHMENT 1 THE NUMBER OF VEHICLES SCRAPPED PER MODEL YEAR.	
8. TOTAL MSERCs CLAIMED FOR THIS REPORTING PERIOD (Using 1.0 Discount Factor): _____ TOTAL POUNDS OF VOC _____ TOTAL POUNDS OF NOx _____ TOTAL POUNDS OF CO _____ TOTAL POUNDS OF PM INCLUDE AS PART OF ATTACHMENT 1 THE MSERCs GENERATED BY MODEL YEAR. THE MSERCs SHALL BE DETERMINED AT THE TIME THE VEHICLE IS INSPECTED AND ACCEPTED INTO THE PROGRAM, AND CALCULATED USING THE MOST RECENT EMISSION REDUCTION FACTORS SPECIFIED IN CARB'S VOLUNTARY ACCELERATED VEHICLE RETIREMENT (VAVR) REGULATIONS.	
9. USE OF MSERCs (CHECK APPROPRIATE BOX, AND FILL IN NUMBER OF CREDITS FOR EACH USE, BY POLLUTANT)	
<input type="checkbox"/> REGULATION XX RULE 2008	NOx: _____
<input type="checkbox"/> RULE 2202 ACCOUNT	VOC: _____ NOx: _____ CO: _____
<input type="checkbox"/> NONSPECIFIC ACCOUNT	VOC: _____ NOx: _____ CO: _____ PM: _____
TOTAL (MUST MATCH # 8 ABOVE)	VOC: _____ NOx: _____ CO: _____ PM: _____
FOR THIS APPLICATION, CREDITS TO BE USED FOR RULES IN REGULATIONS XI AND XIII SHOULD BE ASSIGNED TO THE "NONSPECIFIC" ACCOUNT. AFTER APPROVAL OF THIS APPLICATION, A RULE 1610 COMPLIANCE PLAN WHICH WILL DESIGNATE MSERCs FOR REGULATION XI OR REGULATION XIII MUST BE SUBMITTED.	

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

10. NAME, ADDRESS, AND DMV LICENSE NUMBER OF AUTO DISMANTLER
- _____
- _____
- _____
11. INCLUDE AS **ATTACHMENT 2** THE DATA RECORDS REQUIRED BY RULE 1610 (k)(5). THIS APPLICATION WILL NOT BE DEEMED COMPLETED UNTIL THE DATA RECORDS FOR ALL VEHICLES SCRAPPED DURING THIS REPORTING PERIOD ARE SUBMITTED TO THE SCAQMD. THE FORMAT OF THE DATA RECORDS MUST BE IN ACCORDANCE WITH THE RECORDKEEPING PROTOCOL ESTABLISHED BY THE SCAQMD. IN ADDITION PROVIDE THE LOCATION OF THE WRITTEN RECORDS REQUIRED BY RULE 1610 PARAGRAPHS (k)(2) AND (k)(7).
12. METHOD USED TO STORE AND MAINTAIN THE DATA RECORDS REQUIRED BY RULE 1610(k)(3). INCLUDE AS **ATTACHMENT 3**.

SIGNATURE OF PERSON RESPONSIBLE FOR RULE 1610 COMPLIANCE

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT IN ORDER TO USE MSERCs AS AN ALTERNATIVE METHOD OF COMPLIANCE WITH DISTRICT REGULATIONS XI AND XIII, A COMPLIANCE PLAN MUST BE SUBMITTED TO THE SCAQMD FOR APPROVAL.

SIGNATURE _____

NAME _____

TITLE _____ DATE _____

AQMD USE ONLY

APPLICATION NUMBER	EQUIPMENT CAT. NUMBER	ASSIGNMENT UNIT	ENGINEER
FEE SCHEDULE \$	VALIDATION	CHECK NUMBER OR MONEY ORDER	AMOUNT

Send completed application with the required fee to:

South Coast AQMD
 Attn: Heather Farr
 21865 Copley Drive
 Diamond Bar, CA 91765

If you need assistance in completing this form, please contact Heather Farr at (909) 396-3672.