FORM 400-1632MA (12/17/02)

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# **RULE 1632 MSERC APPLICATION**

This form must accompany Form 400-P. 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. FUEL CELL SUBSTATION OPERATOR	AQMD ID# (IF APPLICABLE)
2. BUSINESS MAILING ADDRESS	NEW APPLICATION O
	AMEND EXISTING APPLICATION O
	(APPLICATION #)
3. CONTACT PERSON (INCLUDING TITLE AND TELEPHO	ONE NUMBER)

- 4. ALTERNATE CONTACT PERSON (INCLUDE TITLE AND TELEPHONE NUMBER)

#### 5. APPLICABILITY REQUIREMENTS

ARE EMISSION REDUCTIONS PRODUCED BY MONIES FROM ANY PUBLIC AIR QUALITY RELATED FUNDING INCLUDING, BUT NOT LIMITED TO AB 2766, RULE 2202 OR THE CARL MOYER PROGRAM BEING USED TO FUND (IN WHOLE OR PART) THE PROJECT? ARE EMISSION REDUCTIONS REQUIRED PURSUANT TO ANY LAW, RULE, OR REGULATION, OR LEGAL INSTRUMENT SUCH AS A LEGAL SETTLEMENT OR CONSENT DECREE?

o YES

NO

IF YES, PLEASE DESCRIBE BRIEFLY:

#### PROJECT DESCRIPTION

PROVIDE AS <u>ATTACHMENT 1</u> A DETAILED DESCRIPTION OF THE FUEL CELL SUBSTATION, INCLUDING, AT A MINIMUM, LOCATION OF THE FUEL CELL SUBSTATION WHEN NOT IN SERVICE, TYPE OF FUEL CELL, FUEL CELL MANUFACTURER NAME, RATED POWER CAPACITY IN KILOWATTS, AND FUEL CELL IDENTIFICATION NUMBER IF AVAILABLE.

## 7. DEMONSTRATION OF PROJECT VIABILITY

PROVIDE AS ATTACHMENT 2 A WRITTEN CERTIFICATION THAT THE FUEL CELL SUBSTATION OPERATOR HAS A LEASE OR OWNERSHIP OF A TERMINAL FOR DOCKING, REFUELING, AND SERVICE OF THE FUEL CELL SUBSTATION AT THE HARBOR FOR WHICH THE SERVICE IS PROVIDED, AND PROVIDE PROOF THAT THE FUEL CELL SUBSTATION OPERATOR HAS A WRITTEN AGREEMENT FROM A MARINE VESSEL OPERATOR STATING A WILLINGNESS TO USE THE FUEL CELL DURING HOTELLING OPERATIONS.

NOTE: IF THE INITIAL SERVICE DATE OF THE FUEL CELL SUBSTATION IS BEFORE THE APPLICATION IS APPROVED, PLEASE PROVIDE THE REQUIRED INFORMATION AS OUTLINED IN SECTION 7. IF THE INITIAL SERVICE DATE OF THE FUEL CELL SUBSTATION IS AFTER THE APPLICATION IS APPROVED. THE INFORMATION IN SECTION 7 MAY BE PROVIDED AFTER APPROVAL OF THE APPLICATION BUT MUST BE PROVIDED PRIOR TO CREDIT ISSUANCE.

### 8. PROOF OF PURCHASE OR LEASE

PROVIDE AS ATTACHMENT 3 PROOF OF PURCHASE AND ACQUISITION OF THE FUEL CELL SUBSTATION. SUCH PROOF COULD BE COPIES OF A SALES CONTRACT AGREEMENT, SIGNED PURCHASE AGREEMENT, PURCHASE ORDER, SALES RECEIPT, OR ANY OTHER INVOICE/CONTRACT DOCUMENTING THE WORK PERFORMED.

9. THE INITIAL SERVICE DATE OF EACH FUEL CELL SUBSTATION WHICH REPRESENTS THE BEGINNING OF THE CREDIT GENERATION PERIOD.

INCLUDE AS ATTACHMENT 4 THE INITIAL SERVICE DATE FOR EACH FUEL CELL SUBSTATION.

## 10. ALTERNATIVE MONITORING (OPTIONAL)

INCLUDE AS <u>ATTACHMENT 5</u> ANY PROPOSED ALTERNATIVE METHOD OF MONITORING WHICH IS EQUIVALENT TO THE MARINE FUEL CELL SUBSTATION AND MARINE VESSEL BEING EQUIPPED WITH GPS, AND CAN DEMONSTRATE THAT THE FUEL CELL SUBSTATION SUPPLIES ELECTRIC POWER TO THE MARINE VESSEL FOR HOTELLING OPERATIONS.

#### 11. HISTORICAL AND PROJECTED ACTIVITY LEVEL

THIS INFORMATION IS REQUIRED FOR APPLICATION AMENDMENTS TO SELECT PROSPECTIVE CREDIT ISSUANCE AFTER THE FIRST TWO-YEAR CREDIT GENERATION PERIOD.

SPECIFY THE HISTORICAL AVERAGE ACTIVITY LEVEL FOR THE FUEL CELL IN KILOWATT-HOURS THAT WAS REPORTED AND VALIDATED THROUGH THE PREVIOUS CALENDAR TWO-YEAR PERIOD, AND THE PROJECTED ACTIVITY LEVEL FOR THE INITIAL CREDIT GENERATION PERIOD, NOT TO EXCEED FIVE YEARS. THE PROJECTED ANNUAL ACTIVITY LEVEL FOR THE FUEL CELL SUBSTATION SHOULD NOT EXCEED THE MOST RECENT TWO-YEAR HISTORICAL AVERAGE PLUS 20%.

12.	12. DESIGNATION OF RECLAIM COMPLIANCE CYCLE FOR MSERCS ISSUED RETROSPECTIVELY		
	• CYCLE 1	PERCENT OF CREDITS GENERATED FOR CYCLE 1	
	CYCLE 2	PERCENT OF CREDITS GENERATED FOR CYCLE 2	
	DESIGNATION OF RECLAIM COMPLIANCE CYCLE FOR MSERCS ISSUED PROSPECTIVELY (AMENDMENT ONLY):		
	• CYCLE 1	PERCENT OF CREDITS GENERATED FOR CYCLE 1	
	• CYCLE 2	PERCENT OF CREDITS GENERATED FOR CYCLE 2	
	•	EASE SPECIFY THE PERCENT OF CREDITS GENERATED FOR EACH CYCLE BASED ON CELL FOR EACH CYCLE. CYCLE 1 AND CYCLE 2 PERCENTS MUST TOTAL 100	
13.	13. IDENTIFICATION OF INTENDED USER OF MSERCS (IF KNOWN)		
	COMPANY NAME (AQMD I.D. NUMBER)		
	BUSINESS LOCATION ADDRESS		
SIGNATURE OF PERSON RESPONSIBLE FOR RULE 1632 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 ARE TRUE AND CORRECT.			
	SIGNATURE _		
	NAME		
	TITLE	DATE	

Send completed application with the required fee to:

South Coast AQMD Permit Services – Reg. XVI P. O. Box 4944 Diamond Bar, CA 91765