



# RULE 1631 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.

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| 1. COMPANY NAME  | AQMD ID# (IF APPLICABLE)   |
| 2. BUSINESS MAILING ADDRESS  | NEW APPLICATION <input type="radio"/><br>AMEND EXISTING APPLICATION <input type="radio"/><br>(APPLICATION # _____) |
| 3. CONTACT PERSON (INCLUDING TITLE AND TELEPHONE NUMBER)   |  |
| 4. ALTERNATE CONTACT PERSON (INCLUDE TITLE AND TELEPHONE NUMBER)   |  |
| <p>5. APPLICABILITY REQUIREMENTS</p> <p>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? IS NEW MARINE ENGINE INCLUDED IN CERTIFICATION, AVERAGING, BANKING AND TRADING PROVISIONS SPECIFIED IN 40 CFR PART 94, SUBPART D?</p> <p style="text-align: center;"><input type="radio"/> YES <span style="margin-left: 200px;"><input type="radio"/> NO</span></p> <p>IF YES, PLEASE DESCRIBE BRIEFLY:</p>   |  |
| <p>6. PROJECT DESCRIPTION</p> <p>PROVIDE AS <u>ATTACHMENT 1</u> A DETAILED DESCRIPTION OF THE REPOWER PROJECT, INCLUDING, AT A MINIMUM, MARINE VESSEL NAME, IDENTIFICATION NUMBER, TYPE, AND OWNER, AND FOR BOTH THE ORIGINAL AND REPLACEMENT ENGINE, THE ENGINE MAKE, MODEL, MODEL YEAR, SERIAL NUMBER, HORSEPOWER, AND RATED SPEED.</p>  |  |
| <p>7. DEMONSTRATION OF CAPTIVE MARINE VESSEL(S)</p> <p>PROVIDE AS <u>ATTACHMENT 2</u> IDENTIFICATION OF THE GEOGRAPHIC AREA SERVED BY THE MARINE VESSEL DURING THE CREDIT GENERATION PERIOD, AND WHEN NOT IN SERVICE, THE PORT AND/OR HARBOR LOCATION WHERE THE REPOWERED MARINE VESSEL IS ANCHORED OR DOCKED.</p>   |  |
| <p>8. ADDITIONAL INFORMATION</p> <p>PROVIDE AS <u>ATTACHMENT 3</u> PROOF OF DELIVERY FOR THE NEW REPLACEMENT MARINE VESSEL ENGINE, PROOF OF TRANSFER OF OWNERSHIP OF THE REPLACED MARINE VESSEL ENGINE WITH THE LOCATION AND IDENTITY OF THE NEW OWNER(S), ALONG WITH A COPY OF A WRITTEN NOTIFICATION INFORMING THE NEW OWNER THAT THE REPLACED MARINE VESSEL ENGINE MUST NOT BE INSTALLED IN A MARINE VESSEL OR OTHER MOBILE SOURCE WHICH OPERATES IN THE STATE OF CALIFORNIA. IF A REPLACED MARINE VESSEL ENGINE IS DESTROYED OR DISMANTLED FOR SCRAP, PROVIDE PROOF OF DESTRUCTION. IF A REPLACED MARINE VESSEL ENGINE IS NOT SOLD, SCRAPPED, OR OTHERWISE TRANSFERRED TO A NEW OWNER, PROVIDE A SIGNED DECLARATION OR CERTIFICATE THAT THE ORIGINAL MARINE VESSEL ENGINE WILL NOT BE INSTALLED IN A MARINE VESSEL OR OTHER MOBILE SOURCE WHICH IS OPERATED IN THE STATE OF CALIFORNIA. ALSO INCLUDE ANY PROPOSED ALTERNATIVE TO THE GPS TRACKING DEVICE WITH DATA LOGGER REQUIRED UNDER RULE 1631 (D)(2).</p> <p><b>NOTE: IF THE INITIAL SERVICE DATE OF THE REPOWERED MARINE VESSEL IS BEFORE THE APPLICATION IS APPROVED, PLEASE PROVIDE THE REQUIRED ADDITIONAL INFORMATION AS OUTLINED IN SECTION 8. IF THE INITIAL SERVICE DATE OF THE NEW REPOWERED MARINE VESSEL IS AFTER THE APPLICATION IS APPROVED, THE INFORMATION IN SECTION 7A MAY BE PROVIDED AFTER APPROVAL OF THE APPLICATION BUT MUST BE PROVIDED PRIOR TO CREDIT ISSUANCE. IN ADDITION, PRIOR TO REPOWERING, THE EXISTING MARINE ENGINE MUST BE TESTED ACCORDING TO RULE 1631 (f)(3).</b></p> |  |

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

**9. PROOF OF PURCHASE OR LEASE**

PROVIDE AS ATTACHMENT 4 PROOF OF PURCHASE AND INSTALLATION. 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.

**10. HISTORICAL AND PROJECTED ACTIVITY LEVEL**

INCLUDE AS ATTACHMENT 5 THE HISTORICAL AVERAGE ACTIVITY LEVEL FOR EACH MARINE VESSEL PROPULSION ENGINE BEING REPLACED IN GALLONS FOR THE PREVIOUS CALENDAR TWO-YEAR PERIOD, AND THE PROJECTED ACTIVITY LEVEL FOR THE NEW ENGINE IN GALLONS FOR THE INITIAL CREDIT GENERATION PERIOD UP TO JUNE 30, 2005, WHERE THE PROJECTED ANNUAL ACTIVITY LEVEL FOR THE MARINE VESSEL SHOULD NOT EXCEED THE MOST RECENT TWO-YEAR HISTORICAL AVERAGE PLUS 20%. BOTH HISTORICAL AND PROJECTED ACTIVITY LEVELS SHOULD BE FOR THE MAIN PROPULSION ENGINE.

**11. EMISSION QUANTIFICATION**

PROVIDE AS ATTACHMENT 6 IN-USE SOURCE TEST RESULTS FOR ESTABLISHING THE BASELINE EMISSION FACTOR FOR THE ORIGINAL MARINE VESSEL ENGINE AND ENGINE MANUFACTURERS EMISSION TEST DATA FOR ESTABLISHING THE OPTIONAL EMISSION FACTOR, AND THE ENERGY CONSUMPTION FACTOR AT THE MAXIMUM RATED SPEED FOR THE NEW MARINE VESSEL ENGINE. SPECIFY TEST METHOD USED TO ESTABLISH EMISSION FACTORS.

**12. THE INITIAL SERVICE DATE OF EACH REPOWERED MARINE VESSEL WHICH REPRESENTS THE BEGINNING OF THE CREDIT GENERATION PERIOD.**

INCLUDE AS ATTACHMENT 7 THE INITIAL SERVICE DATE FOR EACH REPOWERED CAPTIVE MARINE VESSEL.

**13. DESIGNATION OF RECLAIM COMPLIANCE CYCLE FOR THE INITIAL CREDIT GENERATION PERIOD:**

- CYCLE 1                      \_\_\_\_\_ PERCENT OF CREDITS GENERATED FOR CYCLE 1
- CYCLE 2                      \_\_\_\_\_ PERCENT OF CREDITS GENERATED FOR CYCLE 2

**DESIGNATION OF RECLAIM COMPLIANCE CYCLE FOR ALL SUBSEQUENT CREDIT GENERATION PERIODS:**

- CYCLE 1                      \_\_\_\_\_ PERCENT OF CREDITS GENERATED FOR CYCLE 1
- CYCLE 2                      \_\_\_\_\_ PERCENT OF CREDITS GENERATED FOR CYCLE 2

**NOTE: IF BOTH CYCLES ARE INDICATED, PLEASE SPECIFY THE PERCENT OF CREDITS GENERATED FOR EACH CYCLE BASED ON THE RELATIVE DISTRIBUTION OF EACH REPOWERED MARINE VESSEL DESIGNATED FOR EACH CYCLE. CYCLE 1 AND CYCLE 2 PERCENTS MUST TOTAL 100 PERCENT.**

**14. IDENTIFICATION OF INTENDED USER OF MSERCs (IF KNOWN)**

COMPANY NAME (AQMD I.D. NUMBER)  
BUSINESS LOCATION ADDRESS

**SIGNATURE OF PERSON RESPONSIBLE FOR RULE 1631 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