



Mail Application To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

Permit to be issued to (Business name of operator to appear on permit):	
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):	
Fixed Location	Various Locations
Does Applicant hold a valid permit for Portable ICE under CA Statewide Portable Equipment Registration Program?	Yes No
If yes, ICE permit is not required from the South Coast Air Quality Management District.	

SECTION A: EQUIPMENT INFORMATION

Internal Combustion Engine	Is the ICE an EPA Certified or Qualifying Non-Road Engine?		Yes	No	If yes, provide EPA Certificate No. & attach copy		
	Manufacturer:			Model No.:			
	Serial No.:			Date of Manufacture:		For an ICE manufactured after 7/18/94, please provide manufacturer's specification and guarantee.	
	Manufacturer Maximum Rating: BHP @ RPM			Date of Installation:			
ICE Function (Check all that apply)	Electrical Generator	Fire Pump	Compressor	Co-Generation			
	Flood Control	Pump Driver	Other (Specify):				
Type	Stationary	Portable	Intra-facility	Off-Site	Rental	Non-Rental	
Fuel	Natural Gas	LPG	Refinery Gas*	Digester Gas*	Landfill Gas*		
	Diesel Oil No. 2	Other* :	*If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content.				
Stand-By Fuel	Natural Gas	LPG	Refinery Gas*	Digester Gas*	Landfill Gas*		
	Diesel Oil No. 2	Other* :	*If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content.				
Cycle Type	Two Cycle	Four Cycle					
Combustion Type	Lean Burn	Rich Burn					
No. of Cylinders	Four	Six	Eight	Ten	Twelve	Sixteen	Other
Aspiration Type	Turbocharged	Turbocharged/Aftercooled					
	Naturally Aspirated	Timing Retarded ≥ 4° (relative to standard timing)					
Air Pollution Control (if applicable)	Selective Catalytic Reduction (SCR)*		No Controls				
	Selective Non-catalytic Reduction (SNCR)*		Air Fuel Ratio Controller				
	Non-selective Catalytic Reduction (NSCR)		Other (specify) :				
	* Separate application is required.						
	Manufacturer:			Model No.:			
	If already permitted, indicate Permit No.			Device No.			

SECTION B: OPERATION INFORMATION

Fuel Consumption	Maximum Rated load: gal./hr. OR cu. ft./hr		Average Load: gal./hr. OR cu. ft./hr.			
Emissions Data	Pollutants	Maximum Emissions Before Control		Maximum Emissions After Control		Emissions Reference (attach): Manufacturer's Guarantee Catalytic Manufacturer's Guarantee Source Test Data EPA Emission Factors Other (specify):
		Gm/Bhp-hr	PPM (15% O2)	Gm/Bhp-hr	PPM (15% O2)	
	ROG					
	NOx					
	CO					
	PM					
SOx						
Operating Schedule	Normal:	hours/day	days/week	weeks/yr.		
	Maximum:	hours/day	days/week	weeks/yr.		

SECTION C: APPLICANT CERTIFICATION STATEMENT
 I hereby certify that all information contained herein and information submitted with this application is true and correct.

SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:
		PREPARER'S E-MAIL ADDRESS:
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:	CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
E-MAIL ADDRESS:	FAX NUMBER:	

CONFIDENTIAL INFORMATION

Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:

- (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy."
- (b) Label the original page "confidential." Circle all confidential items on the page.
- (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.