

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Application for internal combustion engine (I.C.E.) only

Remit **\$302.00** with this document (\$172.00 for change of owner)

PLEASE TYPE OR PRINT

Section 1: Owner information

a. Permit to be issued to (company name):			b. Federal tax ID #:		
c. Mailing/billing address (for above company name) include city, state and zip code:					
d. Facility or business license name (for equipment location):					
e. Facility Address — Location of equipment (if same as for company, enter "Same"):				Equip. coordinates (lat/long):	
f. Contact name:		Title:	Email address:		Phone:
General nature of business:					Company NAICS:
Type of Organization					
<input type="checkbox"/> Individual owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local agency <input type="checkbox"/> State agency					
<input type="checkbox"/> Federal agency					

Section 2: Nature of application

Application is hereby made for the following equipment:	
Application is for what type of permit:	For modification or change of owner:
<input type="checkbox"/> New construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of owner	_____ Current Permit Number
Do you claim Confidentiality of Data? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach explanation; specify which information provided is confidential)	

Section 3: Equipment information

Engine function: <input type="checkbox"/> Prime <input type="checkbox"/> Emergency <input type="checkbox"/> Low-use (<80 hr/yr) <input type="checkbox"/> Portable <input type="checkbox"/> Stand-by (as defined in Rule 301[E][10])			
_____ check one _____ check all that apply			
Engine manufacturer: _____		Engine model: _____	Engine serial number: _____
Engine year of manufacture: _____		Date installed: _____	
Rating (BHP): _____	Speed (RPM): _____	Number of cylinders: _____	
Fuel type: <input type="checkbox"/> CARB diesel <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Gasoline <input type="checkbox"/> Digester gas <input type="checkbox"/> Landfill gas			
<input type="checkbox"/> Other (specify): _____ Alternative fuel/back-up fuel, if applicable (specify): _____			
Engine meter: <input type="checkbox"/> Hour meter <input type="checkbox"/> Dedicated fuel meter <input type="checkbox"/> None			
Cycle type: <input type="checkbox"/> two cycle <input type="checkbox"/> four cycle		Combustion type: <input type="checkbox"/> Rich burn <input type="checkbox"/> Lean burn	
Check all that apply: <input type="checkbox"/> Naturally aspirated <input type="checkbox"/> Turbocharged <input type="checkbox"/> Aftercooled <input type="checkbox"/> Intercooled <input type="checkbox"/> Air-to-fuel ratio controller			
<input type="checkbox"/> Smoke puff limiter <input type="checkbox"/> Electronic control module <input type="checkbox"/> Direct fuel injection <input type="checkbox"/> Pre-combustion chamber <input type="checkbox"/> Piston scavenging			
<input type="checkbox"/> Other(s) (specify): _____			
Add-on emission control technology: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable, attach manufacturer's specifications and CARB certification or source test results)			
If yes: Manufacturer: _____ Model: _____ Serial No.: _____ CARB EO#: _____			
Type: <input type="checkbox"/> SCR <input type="checkbox"/> Non-SCR <input type="checkbox"/> Particulate trap <input type="checkbox"/> EGR <input type="checkbox"/> Oxidation catalyst <input type="checkbox"/> Other (specify): _____			
Stack data Exhaust stack height from ground: _____ feet Exhaust stack diameter: _____ feet			
Stack is: <input type="checkbox"/> horizontal <input type="checkbox"/> vertical <input type="checkbox"/> weather cap Vent data: Exhaust temp. _____ °F Maximum exhaust rate (ACFM): _____			

-For District use only-

Application number:	Invoice number:	Permit number:	Company/facility number:
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Section 4: Emissions data

Emission Factor Basis (attach any source specified): _____				
USEPA family name _____ CARB family name _____				
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Source test <input type="checkbox"/> MDAQMD default <input type="checkbox"/> USEPA AP-42 <input type="checkbox"/> Other (please specify): _____				
Emissions data: _____				
Pollutant	Pre-control max. emissions	Units	Post control max. emissions	Units
NO _x	_____	_____	_____	_____
NMHC	_____	_____	_____	_____
CO	_____	_____	_____	_____
PM ₁₀	_____	_____	_____	_____
SO _x	_____	_____	_____	_____
Toxic pollutants — Please include a list of all toxic air pollutants and their emission rates if known.				

Section 5: Powered Item

This ICE is used to power: <input type="checkbox"/> Electrical generator <input type="checkbox"/> Compressor <input type="checkbox"/> Pump <input type="checkbox"/> Paint spray gun <input type="checkbox"/> Conveyor or drive <input type="checkbox"/> Fire pump <input type="checkbox"/> Other (specify): _____				
PERP registration (if applicable): _____				
Manufacturer: _____ Model: _____ Serial No.: _____ Type/size/rating: _____				

Section 6: Operation information

Fuel Consumption: _____ at max rated load <input type="checkbox"/> gal/hour <input type="checkbox"/> SCF/hour <input type="checkbox"/> MMBtu/hr				
Typical load: _____				
Facility annual operation by quarters (percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec			Expected operating hours of equipment _____ Hrs/day _____ Days/wk _____ Wk/yr Total annual hours _____	

Section 7: Receptor information

Distance (feet) and direction to the property line of closest: _____ residence _____ business _____ school				
Name of closest school (K-12) _____				
<i>If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)</i>				

***Please note:** District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

Section 8: Certification

I hereby certify that all information contained herein is true and correct.				
Name of responsible official _____		Official title _____		Signature of responsible official _____
Date signed _____				
Phone: _____			Email: _____	

Application submission instructions:

- 1) Submit completed application to Engineering@mdaqmd.ca.gov
- 2) Pay the corresponding application fee of \$302 per permit for new or modified permit (or \$172 for change of owner) via check or credit card.

Payment by check:

Make check payable to **Mojave Desert AQMD**
 Mail the check with a copy of this completed application to:
Mojave Desert AQMD
 14306 Park Avenue
 Victorville, CA 92392

Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>
 Click "Pay Fees"
 Please note: **a surcharge applies for all credit card payments.**

- 3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov
 Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at engineering@mdaqmd.ca.gov