

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

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

Remit **\$397.00** with this document (\$226.00 for change of owner)

PLEASE TYPE OR PRINT

<b>➔ Section 1: Owner information</b>					
a. Permit to be issued to ( <i>company name</i> ):			b. Federal tax ID #:		
c. Billing address ( <i>for above company name</i> ) include city, state and ZIP code:					
d. Facility or business license name ( <i>for equipment location</i> ):					
e. Facility address ( <i>location of equipment</i> ) include city and ZIP code:				f. Equip. coordinates (lat/long):	
g. Name of person completing application:	h. Title:	i. Email address:		j. Phone number:	
k. General nature of business:				l. Company NAICS:	
m. Type of Organization					
Individual owner		Partnership		Corporation	
State agency		Federal agency		Utility	
Local agency					

<b>➔ Section 2: Nature of application</b>	
Application is for what type of permit? New construction      Modification      Change of owner	For modification or change of owner: Current Permit No.:
Do you claim Confidentiality of Data? No      Yes ( <i>attach explanation; specify which information provided is confidential</i> )	

<b>➔ Section 3: Equipment information</b>		
Engine function: Prime      Emergency      Portable _____ <i>check one</i> _____		
Engine make:	Engine model:	Engine serial no.:

*Section 3 continued on Page 2 ➔*

<b>For District use only</b>			
Application No.:	Invoice No.:	Permit No.:	Company/facility No.:

**→ Section 3: continued from Page 1**

Engine year of manufacture:		Date installed:	
Rating (BHP):	Speed (RPM):	No. of cylinders:	
<b>Fuel type:</b> CARB diesel    Natural gas    Propane/LPG    Gasoline    Digester gas    Landfill gas Other (specify): _____ Alt./back-up fuel, if applicable (specify): _____			
Cycle type:    two cycle    four cycle		Combustion type:    Rich burn    Lean burn	
Check all that apply:    Naturally aspirated    Turbocharged    Aftercooled    Intercooled Air-to-fuel ratio controller    Smoke puff limiter    Electronic control module    Direct fuel injection Pre-combustion chamber    Piston scavenging    Other(s) (specify): _____			
Add-on emission control technology?    Yes    No (if applicable, attach manufacturer's specifications and CARB certification or source test results)			
If yes to add-on technology:			
Manufacturer:	Model:	Serial No.:	CARB EO#:
Type:    SCR    Non-SCR    Particulate trap    EGR    Oxidation catalyst Other (specify): _____			
Exhaust stack height from ground:    feet		Exhaust stack diameter:    feet	
Stack is:    horizontal    vertical    open    weather cap			
Vent data: Exhaust temp.    °F    Maximum exhaust rate (CFM):			

**→ Section 4: Emissions data**

Emission Factor Basis (attached any source specified):				
USEPA family name:		CARB family name:		
Manufacturer	Source test	MDAQMD default	USEPA AP-42	
Other (specify): _____				
Emissions data:				
Pollutant	Pre-control max. emissions	Units	Post-control max. emissions	Units
NOx				
NMHC/VOC				
CO				
PM10				
SOx				
Toxic pollutants — Include a list of all toxic air pollutants and their emission rates if known.				

**→ Section 5: Powered item**

This ICE is used to power:    Electrical generator    Compressor    Pump    Conveyor or drive				
Fire pump    Other (specify): _____				

Section 5 continued on Page 3 →

➔ **Section 5: continued from Page 2**

PERP registration no. (if applicable):	Make:	
Model:	Serial No.:	Type/size/rating:

➔ **Section 6: Receptor information**

Distance (feet) and direction to the property line of nearest:	residence	business	school
Name of nearest 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&amp;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 7: Certification**

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

➔ **Application submission instructions**

- 1) Submit completed application to **Engineering@mdaqmd.ca.gov**
  - 2) Pay the corresponding application fee of **\$397** per permit for new or modified permit (or **\$226** for change of owner) via check or credit card.

**Payment by check:**  
Make check payable to the 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 <https://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, email receipt along with completed application form to **Engineering@mdaqmd.ca.gov**
- Contact the MDAQMD Permit Engineering section with additional questions:  
**760-245-1661** or **engineering@mdaqmd.ca.gov**