Responsible Person

Name (Printed or

Typed)

www.placer.ca.gov/apcd

APPLICATION FOR CERTIFICATE OF REGISTRATION

COMPRESSION IGNITION ENGINES USED IN AGRICULTURAL OPERATIONS

FORM 2 – STATIONARY ENGINE INFORMATION

Stationary engines include: 1) Engines fixed to a single location; 2) Engines that operate at a single location for more than twelve (12) consecutive months; and 3) Engines that operate at a single location on a seasonal basis. For non-stationary or portable engines, please fill out Form 3 – Portable Engine Information Owner/Operator/Company Name: Serial Number: Engine Manufacturer: Model Number: (or approximate age of engine): Year of Engine Manufacture: Years old Maximum Brake Horsepower Rating: Date of Installation: ☐ Tier "0" (non-certified / pre-1996) ☐ Tier 1 ☐ Tier 3 ☐ Tier 2 ☐ Tier 4 Engine Designation: EPA/CARB Engine Family Number: Estimated Annual Hours of Operation: _____ Gallons / Year ☐ CARB Diesel Fuel Used and Estimated ☐ Biodiesel (specify blend): _____ Gallons / Year _____ Amount: ☐ Other (please specify): _____ Gallons / Year ____ Is the engine equipped with an hour meter or fuel flow meter? □ Fuel Flow Meter Work Performed by Engine: ☐ Water Pump Drive ☐ Generator Set ☐ Compressor Drive ☐ Other _____ Engine Location (Supply at least one of the following): ☐ Latitude / Longitude: _____ deg. ____ min. ____ sec. Northing, or Decimal ____. ____ deg. ___ min. ____ sec. Easting, or Decimal ___ . ☐ Universal Trans Meridian (UTM): Zone 10 _____ E____N (if not NAD83, Datum: ____) ☐ PLSS data: Township: _____ Range: _____ Section: _____ ☐ Parcel / Plot Number: _____ Address, town, names and distance / direction to nearest crossroads: ☐ Other: Is engine located within ½ mile of a residential area, school, and/or hospital: ☐ Yes □ No If yes, please specify: ☐ Residence ☐ School Estimated Distance: _____ Feet ☐ Hospital Address / Location of Receptor(s): Signature of Company's

Title

Date