

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 \$288 per permit for new or modified permit (or \$164 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