

# MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

**BRAD POIRIEZ, EXECUTIVE DIRECTOR**

14306 Park Avenue, Victorville, CA 92392-2310

760.245.1661 • Fax 760.245.2022

Email: [engineering@mdaqmd.ca.gov](mailto:engineering@mdaqmd.ca.gov)

[www.MDAQMD.ca.gov](http://www.MDAQMD.ca.gov) • @MDAQMD



## General Application Form

Remit **\$288.00** with this document (\$164.00 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) <i>include city, state and zip code</i> :				
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: <input type="checkbox"/> New construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of owner	For modification or 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

Equipment description (give a brief description of the equipment and/or process): _____ _____ _____ _____			
Manufacturer: _____	Model: _____	Serial number: _____	
Add-on air pollution control equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: most APCE require a separate application)			
If yes: Manufacturer: _____	Model: _____	Serial #: _____	CARB EO#: _____
Type (specify): _____			
<b>Stack data</b> Exhaust stack height from ground: _____ feet		Exhaust stack diameter: _____ feet	
Stack is: <input type="checkbox"/> horizontal <input type="checkbox"/> vertical <input type="checkbox"/> open <input type="checkbox"/> weather cap			
Vent data: Exhaust temp. _____ °F    Maximum exhaust rate (CFM): _____			

#### -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): _____				
<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 <sub>x</sub>	_____	_____	_____	_____
NMHC	_____	_____	_____	_____
CO	_____	_____	_____	_____
PM <sub>10</sub>	_____	_____	_____	_____
SO <sub>x</sub>	_____	_____	_____	_____
Toxic pollutants — Please include a list of all toxic air pollutants and their emission rates if known.				

## Section 5: 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 6: 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&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	Date signed
Phone: _____	Email: _____		

### Application submission instructions:

- 1) Submit completed application to [Engineering@mdaqmd.ca.gov](mailto: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 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 <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](mailto: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](mailto:engineering@mdaqmd.ca.gov)