

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**BRAD POIRIEZ, EXECUTIVE DIRECTOR**

14306 Park Ave., Victorville, CA 92392-2310

760.245.1661 • Fax 760.245.2022

Email: engineering@mdaqmd.ca.govwww.MDAQMD.ca.gov • [@MDAQMD](https://twitter.com/MDAQMD)**Application for cannabis cultivation, extraction and refinement/purification only**Remit **\$374.00** with this document (\$213.00 for change of owner)

PLEASE TYPE OR PRINT

→ Section 1: Owner information

a. Permit to be issued to (<i>company name</i>):		b. Federal tax ID #:	c. Company NAICS:
d. Billing address (<i>for above company name</i>) include city, state and ZIP code:			
e. Facility or business license name (<i>for equipment location</i>):			
f. Facility address (<i>location of equipment</i>) include city and ZIP code:		g. Equip. coordinates (lat/long):	
h. Name of person completing application:	i. Title:	j. Email address:	k. Phone number:
l. Type of Organization Individual owner Partnership Corporation Utility Other:			
m. Nature of business (<i>check all that apply</i>): Cultivation Mechanical extraction Non-volatile chemical extraction Volatile chemical extraction Winterization Post-extraction refinement/purification Packaging/repackaging Edible goods manufacturing Other			

→ Section 2: Nature of application

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>)	

→ Section 3: 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&S §42301.6)</i>			

For District use only

Application No.:	Invoice No.:	Permit No.:	Company/facility No.:
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➔ Section 4: Extraction equipment information

a. The following information is required for each piece of equipment that either uses a volatile solvent or has the potential to release Volatile Organic Compounds into the air (Use additional sheets if necessary):

Equipment manufacturer	Equipment model	Used in what process(es)? ¹	Monthly throughput ²	Name(s) of solvent used ³	Monthly solvent loss ⁴

1: Extraction, distillation, refinement/purification, winterization, packaging, etc. 2: Include units such as pounds of cannabis feed material, grams of oil, etc.; indicate the maximum possible throughput. 3: N-butane, propane, hexane, ethanol, isopropanol, etc. 4: Include units such as pounds or gallons.

b. List your **extraction equipment** that does not use solvents, such as mechanical screens and presses or non-volatile chemical extraction such as carbon dioxide (CO₂), glycerin, vegetable oil, etc. These will not likely require a permit.

Manufacturer	Model	Type of non-volatile process	Maximum monthly throughput

➔ Section 5: Odor control devices

Provide information for each different type, make, model, style, etc. of odor control devices you will be operating. (Use additional sheets if necessary. Each building will require a separate permit.)

ODOR CONTROL SYSTEM 1

Type of device: Fixed regenerative bed Fixed carbon bed Concentrator Fluidized adsorber Rechargeable carbon canister Replaceable carbon canister Mistig system Other:			
Quantity:	Manufacturer:		Model:
Name of sorbent:	Sorbent weight per unit, in lbs.:		
Vessel height, in inches:	Vessel diameter OR vessel width x length, in inches:		
Sorbent depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:		
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:		
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:	
Does any exhaust stack of the units, including emergency events, vent to the exterior of the building? No Yes			

Section 5 continued on Page 3 ➔

➔ Section 5: continued from Page 2

Provide information for each different type, make, model, style, etc. of odor control devices you will be operating. (Use additional sheets if necessary. Each building will require a separate permit.)

ODOR CONTROL SYSTEM 2

Type of device: Fixed regenerative bed Fixed carbon bed Concentrator Fluidized adsorber
 Rechargeable carbon canister Replaceable carbon canister Misting system

Other:

Quantity:	Manufacturer:	Model:
Name of sorbent:	Sorbent weight per unit, in lbs.:	
Vessel height, in inches:	Vessel diameter OR vessel width x length, in inches:	
Sorbent depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:

Does any exhaust stack of the units, including emergency events, vent to the exterior of the building? No Yes

ODOR CONTROL SYSTEM 3

Type of device: Fixed regenerative bed Fixed carbon bed Concentrator Fluidized adsorber
 Rechargeable carbon canister Replaceable carbon canister Misting system

Other:

Quantity:	Manufacturer:	Model:
Name of sorbent:	Sorbent weight per unit, in lbs.:	
Vessel height, in inches:	Vessel diameter OR vessel width x length, in inches:	
Sorbent depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:

Does any exhaust stack of the units, including emergency events, vent to the exterior of the building? No Yes

➔ Section 6: Miscellaneous sources of air contaminants

Are there any other sources of possible emissions to the atmosphere such as an internal combustion engine with a maximum rated output of 50 bhp or greater to provide either primary or emergency backup electrical power to your facility or additional solvents used to clean equipment at your facility that are not listed above? No Yes

If yes, please describe the equipment and processes below:

***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 **\$374** per permit for new or modified permit (or **\$213** 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**