

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 FAX (760) 245-2022



**APPLICATION FOR REGISTRATION OF AGRICULTURAL COMBUSTION IGNITION (CI) ENGINE**

This Application is for the registration of existing and new stationary and portable Compression Ignition (CI) engines rated at 50 bhp and greater that are used in Small Agricultural Operations. One Engine per Application. You do not need to register CI engines used to power agricultural wind machines or those that provide motive power (i.e. motor vehicles, tractors, propels equipment on the ground or water or in air).

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PLEASE REMIT \$325 PER ENGINE (\$162.50 FOR CHANGE OF OWNER)

1. Registration To Be Issued To:		1a. Federal Tax ID No.:	
2. Doing Business as:			
3. Mailing/Billing Address:			
4. Location of Engine (be specific): Street Address _____			
Cross Street or Other Identifying Information: _____			
UTM or Lat/Long Coordinates: _____			
5. Contact Name/Title:		Email Address:	
Phone/Fax Nos.:			
6. Application is for:			
<input type="checkbox"/> New Engine <input type="checkbox"/> Existing In-Use Engine <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*			
Date Initially Installed In District (MM/YYYY): _____ *Current Registration Number: _____			
7. Is the Engine Used Exclusively for Growing of Crops or Raising of Livestock?: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
8. Type of Organization (check one):			
<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			
9. General Nature of Business:			
<input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Rental <input type="checkbox"/> Other (List) _____			
10. Is the engine located within one-half mile of a residential area (three or more homes), school, or hospital?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, estimated distance (feet) _____ and description _____			
11. Expected Operating Hours of CI Engine:			
		Hrs/Day	Days/Wk
		Wks/Yr	Total Hrs/Yr
12. Signature of Responsible Official:		Official Title:	
Typed or Printed Name of Responsible Official:		Phone Number:	Date Signed:
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

# MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

## C.I. ENGINE REGISTRATION APPLICATION, continued

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### 14. INFORMATION ON C.I. ENGINE:

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Number of Cylinders: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

EPA Engine Tier: \_\_\_\_\_ (options: Tier 0, 1, 2, 3, or 4)

Maximum Brake Horsepower Rating: \_\_\_\_\_ BHP @ \_\_\_\_\_ RPM

Typical Loading (%) of rated bhp: \_\_\_\_\_ % Current Hour Meter Reading: \_\_\_\_\_ Hr

Type of Engine:

Stationary ☐ Portable ☐

If portable, describe how this was determined: \_\_\_\_\_

Is this engine enrolled in an electrical utility Interruptible Service Contract?: Yes ☐ No ☐

CARB engine certification: Family: \_\_\_\_\_ Certification EO#: \_\_\_\_\_

Fuel Information: ☐ CARB Diesel ☐ Other (specify) \_\_\_\_\_

Estimated average gallons used per year: \_\_\_\_\_ Rated fuel usage (gal/hr): \_\_\_\_\_

Engine Lat/Long or UTM Coordinates: \_\_\_\_\_

Exhaust Stack Height (feet): \_\_\_\_\_ Inside Diameter (inches): \_\_\_\_\_ Y/N: Vertical? \_\_\_\_\_ Capped? \_\_\_\_\_

Is this C.I. Engine (select all that apply):

Direct Injected? ☐ After Cooled? ☐

Turbo Charged? ☐ Inter Cooled? ☐

Timing Retarded? ☐ Other - Please specify: \_\_\_\_\_

### 15. EMISSION RATES:

Pollutant	at Max.Load	Units	Origin of Emission Rate data:	
			Manufacturer	or Source Test
Oxides of Nitrogen (NOx)	_____	_____	_____	_____
Oxides of Sulfur (SOx)	_____	_____	_____	_____
Carbon Monoxide (CO)	_____	_____	_____	_____
Particulates (PM10)	_____	_____	_____	_____
Total Hydrocarbons (VOC)	_____	_____	_____	_____

### 16. EMISSION CONTROL EQUIPMENT:

Add on emission control equipment? ☐ Yes ☐ No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR: ☐ Particulate Trap\*: ☐ Ammonia Injection: ☐ Water Injection: ☐

Non-S CR: ☐ Exhaust Gas Recirc\*: ☐ Oxidation Catalyst\*: ☐

Other - Please specify: \_\_\_\_\_

### 17. INFORMATION OF ITEM BEING POWERED:

This C.I. engine is used to power:

Electrical Generator ☐ Water Well Pump ☐ Irrigation Pump ☐

Wood Chipper ☐ Booster Pump ☐ Fire Pump ☐

Other - Please specify: \_\_\_\_\_

### 18. Request for Exemption from Emission Limits:

☐ Emergency Standby Genset