

PORTABLE EQUIPMENT REGISTRATION APPLICATION FORM

Registration is an alternative to permitting. Equipment currently exempt from permitting is also exempt from registration

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| 1. **REGISTRATION TO BE ISSUED TO:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| 1. **MAILING ADDRESS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street/PO Box: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| City: | |  | | | | | | | | | | | State: | |  | | | | | | | Zip Code: | | | |  | |  |
| 1. **IS THIS APPLICATION FOR RENTAL EQUIPMENT?** | | | | | | | | | | | | | YES | | | NO | | | | | | | | | | | | |
| 1. **EQUIPMENT STORAGE LOCATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| City: | | |  | | | | | | | | | State: | | |  | | | | | | | Zip Code: | | | |  | |  |
| 1. **PLEASE CHECK THE APPROPRIATE BOXES AND FURNISH THE REQUESTED INFORMATON:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Did the unit residue in California at any time during 1993? | | | | | | | | | | | | | | YES | | | | NO | | | |  | | | | | |  |
| *If yes, please attach documentation, as proof (e.g., existing permits, tax records, maintenance records, etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Initial date unit was operated in California: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
| 1. Is the unit an Equivalent Replacement of a previously registered unit? | | | | | | | | | | | | | | | | | YES | | | | NO | | Registration No.: | | | |  |  |
| 1. **PLEASE CHECK THE APPROIPRIATE SOURCE CATEGORIES AND COMPLETE THE APPROPRIATE SUPPLEMENTAL APPLICATION FORMS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abrasive Blasting (Confined) | | | | | | | | Portland Cement Batch Plant | | | | | | | | | | | | | Air Curtain Burn Box | | | | | | | |
| Abrasive Blasting (Unconfined) | | | | | | | | Mineral Processing | | | | | | | | | | | | | Internal Combustion Engine | | | | | | | |
| Other: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **GENERAL NATURE OF BUSINESS:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| 1. **ADDITIONAL AIR DISTRICTS IN WHICH THE UNIT MAY BE OPERATED:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
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| 1. **SIGNATURE OF APPLICANT:** | | | | | | | | | | | | | 1. **TYPED OR PRINTED TITLE OF APPLICANT:** | | | | | | | | | | | | | | | |
| 1. **TYPED OR PRINTED NAME OF APPLICANT:** | | | | | | | | | | | | | 1. **DATE:** | | | | | | | | | | | 1. **TELEPHONE NUMBER:** | | | | |
| **FOR APCD USE ONLY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE STAMPED** | | | | | | | **FILING FEE RECIEVED:** | | | |  | | | | | | | |  | | | | | | | | | |
| **DATE PAID:** | | | |  | | | | | | | |  | | | | | | | | | |
| **PROJECT NO:** | | | |  | | | | | | | | **FACILTY ID:** | | | | | |  | | |  |
|  | | | |  | | | | | | | |  | | | | | |  | | |  |