

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 reside 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 |  |
| *If yes, please provide Registration* #:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. **PLEASE CHECK THE APPROPRIATE 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:**
 |  |  |
| 1. **IS THIS APPLICATION SUBMITTED AS THE RESULT OF EITHER A NOTICE OF VIOLATION (NOV) OR A NOTICE TO COMPLY (NTC)?** [ ]  YES [ ]  NO*If yes, NOV/NTC* #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 1. **APPLICANT INFORMATION:**
 | 1. **APPLICANT CONTACT INFO:**
 |
| **NAME:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PHONE #:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TITLE:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE:** | **\_\_\_\_\_\_\_\_\_\_** | **CELL #:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SIGNATURE:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **EMAIL:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DATE STAMPED** | **FILING FEE RECIEVED:** |  |  |
| **DATE PAID:** |  |
| **PROJECT NO:** |  | **FACILTY ID:** |  |  |
|  |