

PORTABLE EQUIPMENT REGISTRATION APPLICATION FORM

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:** | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |