

# San Joaquin Valley Air Pollution Control District

## Application for

EMISSION REDUCTION CREDIT (ERC)

CONSOLIDATION OF ERC CERTIFICATES

1. ERC TO BE ISSUED TO: _____		Facility ID: ____ - _____ (if known)				
2. MAILING ADDRESS: Street/P.O. Box: _____						
City: _____ State: _____ Zip Code: _____						
3. LOCATION OF REDUCTION: Street: _____  City: _____  _____/4 SECTION _____ TOWNSHIP _____ RANGE _____	4. DATE OF REDUCTION:					
5. PERMIT NO(S): _____ EXISTING ERC NO(S): _____						
6. METHOD RESULTING IN EMISSION REDUCTION:  <input type="checkbox"/> SHUTDOWN <input type="checkbox"/> RETROFIT <input type="checkbox"/> PROCESS CHANGE <input type="checkbox"/> OTHER  DESCRIPTION: _____  <div style="text-align: right; font-size: small;">(Use additional sheets if necessary)</div>						
7. REQUESTED ERCs: (In pounds per calendar quarter except CO <sub>2</sub> e)						
	VOC	NOx	CO	PM <sub>10</sub>	SOx	Other
1 <sup>st</sup> Qtr						
2 <sup>nd</sup> Qtr						
3 <sup>rd</sup> Qtr						
4 <sup>th</sup> Qtr						
CO <sub>2</sub> e <input style="width: 100px;" type="text"/> metric ton/yr						
8. SIGNATURE OF APPLICANT: _____				TYPE OR PRINT TITLE OF APPLICANT: _____		
9. TYPE OR PRINT NAME OF APPLICANT: _____				DATE: _____	PHONE #: _____ CELL PHONE #: _____ FAX #: _____ E-MAIL: _____	

**FOR APCD USE ONLY:**

DATE STAMP	FILING FEE RECEIVED: \$ _____ / _____  DATE PAID: _____  PROJECT NO.: _____ FACILITY ID.: _____
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