ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

AVAQMD CALENDAR YEAR 2025 COMPREHENSIVE EMISSIONS INVENTORY (CEI): INTERNAL COMBUSTION ENGINE REPORTING FORM

Instructions:

1. This form is ONLY for Internal Combustion Engines. If you have other types of permitted equipment, you will need to use other equipment specific forms for those.
2. This report is for the period starting January 1st, 2025 and ending December 31st, 2025.
3. Please fill in your Company's Name as written on your permits.
4. For EACH Engine, please fill in the information requested below. The Company Number, Facility Number, and Permit Number can be found on each permit as shown on the Sample Permit (Click on the "Sample Permit" Tab below).
5. If your engine is used for emergencies only (the permit number will start with an 'E'), the Prime Use Hours will be zero.
6. If your engine is used for Primary Power (the permit number will start with a 'B' or an 'M'), the Emergency Use Hours will be zero
7. If you know the approximate load on the engine during emergencies (for 'E' permits) or during normal operations (for 'B' and 'M' permits), please include that data. Otherwise, leave that column blank.
8. When you have finished filling out the engine data, please read the Certification Statement and then enter the Certifying Responsible Official's name in the shaded box.
9. Please download and read the District's revised CEI Guidelines document to determine what you need to report, when reports are due, who needs to sign the Certification Forms, etc. It can be found at: https://www.avaqmd.ca.gov/files/58dc248ab/AVAQMD+2025+CEI+Guidance+Final.pdf
10. If you have any questions, please call the District at (661) 723-8070 x24 or contact us via email at: tmorais@avaqmd.ca.gov

SUBMIT THIS COMPLETED FORM TO: emissioninventory@avaqmd.ca.gov

Company Name: _____ Date Submitted: _____

Company Number	Facility Number	Permit Number	Maintenance and Testing Hours	Emergency Use Hours	Prime Use Hours	Normal Load, in % (If known)

Electronic Submittal Certification: By submitting this form electronically to the Antelope Valley Air Quality Management District (District), the information contained above is certified to be true, accurate, and complete by a designated Responsible Official of the Company identified above.

Responsible Official's Name: _____