



**Antelope Valley Air Quality Management District**

2551 W Avenue H, Lancaster, CA 93536

Phone: 661-723-8070

[www.AVAQMD.ca.gov](http://www.AVAQMD.ca.gov)

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

PLEASE TYPE OR PRINT

Please refer to Rule 301 for Application Filing Fee.

**Section 1: Facility/Owner Information**

1. Company Name (Permit to be issued to):		2. Federal Tax ID #:	
3. Mailing/Billing Address (for above company name):		3a. Billing Email Address:	
4. Facility or Business License Name (for equipment location):			4b. APN #
5. Facility Address - Location of Equipment (if same as for company, enter "Same"):		5a. Facility UTM:	5b. Facility Lat/Long:
6. Contact Name/Title:	6a. Email Address (if same as billing, enter "Same"):	6b. Phone:	
7. General Nature of Business:		7a. NAICS Code:	7b. SIC Code:
8. Type of Organization (check one): Individual Owner    Partnership    Corporation    Utility    Local Agency    State Agency    Federal Agency			

**Section 2: Nature of Application**

Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:	
Application is for: New Construction    Modification    Change of Owner	<b>For modification or change of owner: Company No.:</b> _____ <b>Current Permit #:</b> _____ <b>Facility No.:</b> _____
Do you claim Confidentiality of Data?    No    Yes (attach explanation; specify which information provided is confidential)	

**Section 3: Equipment Information**

Engine Use: Prime    Emergency    Stand-by (used only when a permitted prime unit is down for maintenance or repair)	Stationary    OR    Portable
Engine Manufacturer:	Engine Model:
Year of Manufacture:	Engine Serial Number:
Rating (BHP):	Date Installed:
Speed (RPM):	Number of Cylinders:
Fuel Type: CARB Diesel    Natural Gas    Propane/LPG    Gasoline    Digester Gas    Landfill Gas Other (specify): _____	
Alternate Fuel (if applicable) specify: _____ (e.g. Propane backup for Natural Gas engine)	
Engine Meter: Hour Meter    Dedicated Fuel Meter    None	
Cycle Type: two cycle    four cycle	Combustion Type: Rich Burn    Lean Burn
Check all that apply: Naturally Aspirated    Turbocharged    Aftercooled    Intercooled    Injection Timing Retarded Air to Fuel Ratio Controller    Smoke Puff Limiter    Electronic Control Module    Staged Combustion    Direct Fuel Injection Pre-Combustion Chamber    Piston Scavenging    Other (specify): _____	
Add-on Emission Control Technology: No    Yes: Attach Manufacturer's specifications, CARB Certification or Source Test Data	
If yes: Manufacturer:	Model:    Serial #:    CARB EO#:

Type:	SCR	Non-SCR	Particulate Trap	EGR	Oxidation Catalyst	Other (specify): _____
Stack Data: Exhaust Stack Height from Ground:	feet		Exhaust Stack Diameter:	feet		
Stack is:	horizontal	vertical	open	weather cap		
Exhaust Vent Data: Exhaust Temp:	°F	Maximum Exhaust Rate:	CFM			

#### Section 4: Emissions Data

Emission Factor Basis:	Manufacturer	Source Test	AVAQMD Default	USEPAAP-42
	Other (please, specify): _____			
USEPA Family Name:	_____	CARB Executive Order Number:	_____	
Emissions Data: If no add-on controls are installed, enter "same" in Post Control Max. Emissions column				
Pollutant:	Pre-Control Max. Emissions:	Units:	Post Control Max. Emissions:	Units:
NOx				
NMHC				
CO				
PM10				
SOx				

#### Section 5: Powered Item

This ICE is used to power:					
Electrical Generator	Compressor	Pump	Paint Spray Gun	Conveyor or Drive	Fire Pump
Other (please, specify): _____					
PERP Registration Number (if applicable):					
Manufacturer:	Model:	Serial #:	Size/Rating:		

#### Section 6: Operation Information

Fuel Consumption at Maximum Rated Load:	gal/hour	SCF/hour	MMBtu/hr
Typical Load:	% of Maximum Rated Load		
Facility Annual Operation by Quarters (percent):	Expected Operating Hours of IC Engine:		
Uniform OR _____% Jan-Mar _____% Apr-Jun	_____ Hours/Day	_____ Days/Week	_____ Weeks/Year
_____% Jul-Sep _____% Oct-Dec	_____ Total Annual Hours		

#### Section 7: Receptor Information

Distance (Feet) and direction to the property line of closest:	Residence:	Business:	School:
Name of Closest School (K-12):			
<i>If the proposed ICE operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CA H&amp;S §42301.6)</i>			

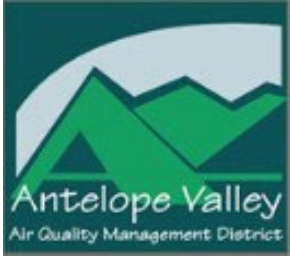
**\*Please note, District Staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.**

#### Section 8: Certification

I hereby certify that all information contained herein is true and correct.			
_____	_____	_____	_____
Name of Responsible Official	Official Title	Signature of Responsible Official	Date Signed
Telephone Number:	Email:		

**-For District Use only-**

Application No.:	Invoice No.:	Permit No.:	Company/Facility No.:
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**ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT**

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**Application Submittal Instructions**

- 1) Submit completed application to [engineering@avaqmd.ca.gov](mailto:engineering@avaqmd.ca.gov)
- 2) Pay the corresponding application fee via check or credit card

**Payment by check:**

**Make check payable to: Antelope Valley AQMD**

**Mail the check with a copy of this completed application to:**

**Antelope Valley AQMD 2551 West Ave H, Lancaster, CA 93536**

**Payment by credit card:**

**Pay online at our website: <http://www.avaqmd.ca.gov>**

**Click "Pay Fees" under Quicklinks.**

**Please note a surcharge applies for all credit card payments.**

**If payment is made online via credit card, please email the receipt to [engineering@avaqmd.ca.gov](mailto:engineering@avaqmd.ca.gov).**

**Should you have any additional questions, please, do not hesitate to contact the permitting division at 661-723-8070, or via email at [engineering@avaqmd.ca.gov](mailto:engineering@avaqmd.ca.gov).**