

## Initial Federal Operating Permit Application for Farms

<b>1. PERMIT TO BE ISSUED TO</b> (exactly as it should appear on your Permit)
<b>2. MAILING ADDRESS</b> Street/PO Box:  City: _____ State: _____ Zip Code: _____
<b>3. LOCATION WHERE THE EQUIPMENT WILL BE OPERATED AND TOTAL IRRIGATED ACRES.</b> If you have multiple contiguous parcels, attach a map of parcels showing boundaries and location within the county.  a) Location:     b) Irrigated Acres:

<b>COMPLIANCE CERTIFICATION</b> Based on information and belief formed after reasonable inquiry, I, the responsible official, certify that all information and statements in the submitted application package, including all accompanying reports, and required certifications are true, accurate, and complete.	
<b>4. NAME OF APPLICANT</b> (you must be the Responsible Official, see definition in the instructions)	<b>TITLE</b>
<b>5. SIGNATURE OF APPLICANT</b> (sign in ink)	<b>DATE</b>
<b>CONTACT INFORMATION</b> Phone#: _____ Fax#: _____ email: _____	

**6. FORMS ATTACHED:**

IC Engines:	AP-02 [ ]	AC-02 [ ]	AC-G [ ]
Boilers:	AP-03 [ ]	AC-03 [ ]	AC-G [ ]
Gasoline Tank:	AP-04 [ ]	AC-04 [ ]	AC-G [ ]
Degreaser	AP-05 [ ]	AC-05 [ ]	AC-G [ ]

<b>FOR APCD USE ONLY:</b> DATE STAMP FILING FEE RECEIVED: \$ _____ CHECK #: _____ DATE PAID: _____ PROJECT #: _____ FACILITY ID: _____	
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**FORM AG-AP-01 INSTRUCTIONS**  
**APPLICATION FOR INITIAL FEDERAL OPERATING PERMIT FOR FARMS**

**This form should be filled out for all agricultural farms including all crops and dairies with waste lagoons.**

**Line 1.** Indicate the name of the business exactly as it should appear on the permit.

**Line 2.** List the mailing address where correspondence regarding the application and billings for permit costs may be sent. Please include your nine-digit zip code.

**Line 3. a)** List the physical location where the emissions unit(s) will be operated. If a street address is not applicable, provide the United States Geological Survey (USGS) quarter-section, township, and range or the Universal Transverse Mercator (UTM) coordinates. **b)** list the number of total irrigated acres

**Line 4.** Type or print the name and Title of the applicant. The applicant must be an officer of the business who will be responsible for complying with all conditions of the permit.

**Line 5.** Sign and date the application in ink. Also type or print daytime telephone number, FAX number, and e-mail address of the applicant.

**Line 6.** Other APCD equipment specific forms must be completed and attached to this form for more detail on the equipment located at your facility. If you only have IC Engines, then only the three forms specified for IC engines need to be completed. **Only one form AC-G is required to be attached.**

**Information about the Responsible Official:**

**For a corporation,** the responsible official shall be a president, secretary, treasurer, or vice president in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation. The responsible official may be a duly authorized representative rather than any of the above if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit; and

1. The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million in 1980 dollars; or
2. The District has approved a petition from the original responsible person to delegate authority.

**For a partnership or sole proprietorship,** the responsible official is a general partner or the proprietor, respectively.

**Application Fees:** An application filing fee of \$291 is required to be submitted with the application. In addition, per APCD Rules 1304.D.12 and Rule 210.C , an initial deposit shall be submitted in the amount of \$3,000 for permit processing costs. Payment may be made by check or credit card. For credit card payments fill out the information below. The District will bill the applicant monthly for expenses incurred.

Applications may be submitted either by mail or in person at the following locations. The APCD is pleased to provide businesses with assistance in all aspects of the permitting process. Any business is welcome to call the **Business Assistance Line** at (805) 961-8838.

**South County Office**  
 260 N. San Antonio Road, Suite A  
 Santa Barbara, California 93110  
 (805) 961-8800

**North County Office**  
 301 E. Cook Street, Suite L  
 Santa Maria, California 93454  
 (805) 614-6785

## Credit Card Authorization Form

You must complete this authorization form to pay your invoice with your Credit Card. For your convenience you may bring this form to our office or you may mail it to the address listed above.

Contact your credit card company for your account status, billing problems, or declined authorization. These issues can not be resolved by the APCD

**Type of Credit Card**

Visa       MasterCard       Discover/Novus

**Card Number**

**Expiration Date**

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]      [ ][ ]-[ ][ ]

<b>Cardholder Name</b>		
<b>Address</b>		
<b>City/State/Zip</b>		
<b>Daytime Phone Number</b>		
<b>Authorized Signature</b>	<b>Date</b>	<b>Total Payment</b>