AGRICULTURAL ENGINE REGISTRATION APPLICATION FORM

(Application must be typewritten, computer generated, or hand printed in ink. Complete all pages of the application.)

IMPORTANT: To assure that your application is complete include all of the following when submitting this application:

- ✓ Registration Fee
- ✓ Complete all sections
- ✓ Signature on Application
- ✓ One Engine per Application

San Luis Obispo APCD: $217
Santa Barbara APCD: $249
Ventura APCD: $200

This application form is for the registration of existing and new stationary and portable diesel engines rated greater than or equal to 50 bhp that are used in Agricultural Operations. To the extent allowed by law, the engine registered in this application may be operated in San Luis Obispo, Santa Barbara or Ventura Counties. The registration will denote any geographic operational restrictions. You do not need to register diesel engines used to power agricultural wind machines or engines that provide motive power (i.e., motor vehicles, tractors). You are required to register the engine in the County that the engine resides. See Form AG-2 for instructions and common definitions of the terms used in this application and the Airborne Toxic Control Measure. Submit this application to the District in which the engine resides.

1. Facility Name:

<table>
<thead>
<tr>
<th>Facility Street Address</th>
<th>Assessor Parcel Number(s) (APN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

City, State ZIP:

2. ENGINE OWNER: (If a rental unit, fill in the rental company’s information here.)

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Work Phone:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

Company Name:

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Cell Phone:</th>
</tr>
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</table>

City, State ZIP:

E-Mail:

3. OTHER CONTACTS: (Are the contacts below the same as Engine Owner? If not, complete Section 16 also)

<table>
<thead>
<tr>
<th>Operator:</th>
<th>Same as Owner</th>
</tr>
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<thead>
<tr>
<th>Billing:</th>
<th>Same as Owner</th>
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<tr>
<th>Inspections:</th>
<th>Same as Owner</th>
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<table>
<thead>
<tr>
<th>Correspondence:</th>
<th>Same as Owner</th>
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</table>

4. AUTHORIZED AGENT: Is this application filled out by an Authorized Agent?  ☐ Yes  ☐ No

If Yes, fill in Section 17.

5. PURPOSE OF APPLICATION: (check all that apply)

- ☐ New Engine  ☐ Existing In-Use Engine  ☐ Install Emission Controls  ☐ Replace Existing Engine

☐ Other (describe):

(CONTINUED ON NEXT PAGE)

(Program Use Only)

<table>
<thead>
<tr>
<th>Date Received Stamp</th>
<th>APCD Application</th>
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<tbody>
<tr>
<td></td>
<td>Number:</td>
</tr>
<tr>
<td></td>
<td>Registration No.</td>
</tr>
<tr>
<td></td>
<td>Fee:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipt No.</th>
<th>Check No.</th>
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</table>

Comments:

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6. **DISTRICT**: (Check the Counties where this engine currently resides and/or may operate in the future)

   - [ ] San Luis Obispo County
   - [ ] Santa Barbara County
   - [ ] Ventura County

7. **ENGINE USE**: (Check one.  See the definitions Form AG-2 for clarification)

   - [ ] Water Well Pump
   - [ ] Booster Pump
   - [ ] Electrical Power
   - [ ] Irrigation Pump

   - [ ] Other (describe):

8. **ENGINE CLASSIFICATION**: (Check one.  See the definitions Form AG-2 for clarification)

   - [ ] Stationary
   - [ ] Seasonal
   - [ ] Portable
   - [ ] Portable (note: booster and well pumps are considered stationary for this ATCM)

   If portable, describe how this was determined:

9. **ENGINE DATA**: (Enclose a copy of the engine data sheet and a photo of the engine nameplate, if available)

    Installation Date: ____________  Manufacture Date ____________  or Approximate Engine Age: ____________

    Make: ___________________  Model: ___________________  Serial No: ____________

    Maximum Rated Brake Horsepower: _____ bhp

    Fuel Used: [ ] CARB Diesel

    Other (describe): ___________________

    Operator ID: ___________________

    Estimated Average Fuel Use: _______ gallons per year

    Average Operating Hours: _______ hours per year

    EPA Family Name: ___________________

    (Provide the following if known)

    EPA Family Name: ___________________

    (Provide the following if known)

    ARB Executive Order No: ___________________

10. **STANDBY ELECTRICAL GENERATORS**: (Provide this generator data in addition to the engine data above)

    Generator Mfgr: ___________________  Model: ___________________  Rating: _____ kW

    Is the generator only used during emergencies as defined in the ATCM?  

        - [ ] Yes  
        - [ ] No

    Is the engine equipped with a non-resettable hour meter with minimum display of 9,999 hours?  

        - [ ] Yes  
        - [ ] No

    Is the generator enrolled in an electrical utility Interruptible Service Contract (ISC)?  

        - [ ] Yes  
        - [ ] No

    If part of an ISC program, does the contract require the engine to be used during Stage II/III alerts?  

        - [ ] Yes  
        - [ ] No

11. **REMOTE ENGINE EXEMPTION**:

    Are you claiming the remote engine exemption?  (note: only applies to Existing In-Use engines)  

        - [ ] Yes  
        - [ ] No

    Will this engine ever be used in Ventura County?  

        - [ ] Yes  
        - [ ] No

    Is the engine located more than one-half mile from any residential area, school, or hospital?  

        - [ ] Yes  
        - [ ] No

12. **NEW ENGINES**: (fill in for all engines installed after January 1, 2005)

    Date of engine purchase: ___________________

    EPA Family Name: ___________________
13. ENGINE LOCATION

ENGINE GEOGRAPHIC COORDINATES. Provide the exact point where the engine is located. This data can be obtained by many methods including: handheld GPS, cell phone enabled GPS, using free online tools such as Google Earth.

Geographic Coordinates: _______________ and _______________ (circle the units): Lat/Long, UTM

If UTM Coordinates are used, circle the reference Datum: NAD27, NAD83, WGS84

If available, provide a map or aerial/satellite picture showing the entire property. Use a pen or marker to outline the property boundary and the location of the engine. Such maps/pictures may be obtained using Google Earth, Google Maps, Yahoo Maps, the Farm Works Farm Trac software or a similar type of package. Are such maps/pictures enclosed?

Does the engine ever change location at this farm?

Yes  No

Is the engine located within one-quarter mile of (1,320 feet) of a residential area, school, or hospital? (Include engines that may change location from outside 1,320 feet as identified in the answer above). If Yes, answer the following two questions:

(a) Distance from the engine to the residential area, school or hospital = __________ feet

(b) Direction from the engine to the residential area, school or hospital = _________ (e.g. NE)

14. EMISSION CONTROLS: (Please complete this section if emission controls are proposed or are on the engine)

☐ Diesel Particulate Filter  ☐ Oxidation Catalyst  ☐ Other (describe):

Make: _______________  Model: _______________  ARB Executive Order No: _______________

Particulate Matter Reduction Efficiency: _______________% (by mass)

15. SIGNATURE:

I hereby certify that all information provided on this application, and any attachments, is true and correct. I agree to pay any and all fees required by District rules for processing this application and for issuance of any Registration. If I abandon this project and withdraw my application, or should my application be disapproved, I understand that the registration fee is not refundable.

SIGNATURE: ___________________________  DATE: ___________________________

PRINT NAME: ___________________________

ORGANIZATION: ___________________________
16. ADDITIONAL CONTACTS:

Use this Section to add the contact information associated with your registration application. The registration holder/owner is assumed to be the contact in all of the below categories unless the District is otherwise informed. You may provide additional contact information, such as cell phones, FAX numbers, or email, as you desire.

<table>
<thead>
<tr>
<th>OPERATOR</th>
<th>Contact Person</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>FAX:</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BILLING</th>
<th>Contact Person</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>FAX:</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Email:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CORRESPONDENCE</th>
<th>Contact Person</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>FAX:</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Cell Phone:</td>
<td></td>
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<tr>
<td>City, State, Zip:</td>
<td>Email:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INSPECTION / OTHER</th>
<th>Contact Person</th>
<th>Work Phone:</th>
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<tbody>
<tr>
<td>Company Name</td>
<td>FAX:</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

STATE THE NATURE OF THIS CONTACT:
(e.g.: inspection contact)
17. AUTHORIZED AGENT: (Complete this Section if appropriate)

I hereby designate ____________________________

(agent’s name - print)

of ____________________________

(agent’s business name - print)

to serve as the Authorized Agent for my company:

______________________________

(applicant company’s name - print)

at ____________________________

(facility name(s) - print)

in dealing with either the San Luis Obispo County APCD, Santa Barbara County APCD or Ventura County APCD in matters regarding (check as appropriate):

- Engine Registration Application
- Air Toxics/HRA
- Inspections and compliance
- Source Testing
- Billing
- Other (state purpose): ____________________________

This Designation includes written correspondence, telephone discussions and meetings and shall remain in effect until it is suspended in writing by my company or the following date: ____________________________ whichever is earlier.

As a designated Responsible Official, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Title</th>
<th>Phone</th>
<th>Address</th>
<th>City, State, ZIP</th>
<th>Signature</th>
</tr>
</thead>
</table>

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