FORM AG-3
AG ENGINE CHANGE NOTIFICATION FORM

This Form AG-3 is provided to assist you with compliance with Section 93115.8(c)(3) of the Stationary Diesel Airborne Toxic Control Measure (ATCM). Specifically, the owner or operator of a registered engine shall notify the Home District in writing no later than 14 days after any change of owner or operator, change in location, installation or commencement of an emissions control strategy or replacement with an electric motor or non-compression ignition engine. See the District’s policy “Agricultural Engine Registration Engine Location Change Policy Memo” for specific guideline regarding when this Form AG-3 is required for location changes.

Send the completed Notification Form to the Home District that is listed on the engine’s registration.

ENGINE REGISTRATION NUMBER: ___________________ DATE of CHANGE: ___________________

OLD OWNER/OPERATOR NAME(s): __________________________

HOME DISTRICT: _______________________________________

REASON FOR NOTIFICATION: (check all that apply)

[ ] CHANGE IN ENGINE OWNER. Provide the new owner information on page 2.

[ ] CHANGE IN ENGINE OPERATOR. Provide the new operator information on page 2.

[ ] CHANGE IN ENGINE LOCATION. Provide the following for the engine’s new location:

  Physical Location of the Engine: ____________________________

  Geographic Coordinates: ___________ and ___________  
  UTM Datum: NAD27, NAD83, WGS84

  Assessor Parcel Number(s): ____________________________

[ ] INSTALLATION OR COMMENCEMENT OF AN EMISSIONS CONTROL STRATEGY. (e.g., adding a particulate filter trap)

[ ] REPLACEMENT OF THE ENGINE WITH AN ELECTRIC MOTOR

[ ] REPLACEMENT OF THE ENGINE WITH AN NON-COMPRESSION IGNITION (E.G., NON-DIESEL) ENGINE

_________________________________  ___________________________________  _________________
NAME (please print)  PHONE No.  DATE

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Use this Section to update the Owner and/or Operator contact information. Please also take the time to update the Correspondence and Billing/Other categories as needed.

<table>
<thead>
<tr>
<th>Section</th>
<th>Contact Person</th>
<th>Work Phone:</th>
<th>Company Name</th>
<th>FAX:</th>
<th>Address</th>
<th>Cell Phone:</th>
<th>City, State, Zip:</th>
<th>Email:</th>
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**STATE THE NATURE OF THIS CONTACT:** (e.g.: inspection contact)