



RULE 360:
**EMISSIONS OF OXIDES OF NITROGEN FROM
LARGE WATER HEATERS AND SMALL BOILERS**

Form -14

Instructions
Use this form to submit a Rule 360 Compliance Report. Follow the instructions carefully to ensure the prompt processing and approval of your Certification Request. All APCD-certified models will be posted on the APCD's webpage at https://www.ourair.org/ .
For those units previously certified by the South Coast Air Quality Management District (SCAQMD) , please see Section IV of this form.
Questions should be addressed to the Engineering and Compliance Division at (805) 961-8800 or via e-mail to enr@sbcapcd.org .
A <u>separate</u> report is required for each model being certified. A copy of the manufacturer's technical literature must be provided for each model and/or "model family of units".

I. General Information - Manufacturer	
Name of Manufacturer	
Address	
City, State, Zip	
Contact Name	
Phone	()
E-Mail	

II. Brand Name(s)

III. Model Information
Is this request for a "model family of units"? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many unit sizes in the model family?
Description of model being certified:
Burner type:
Rated heat input capacity (Btu/hr):
1. Please submit a copy of the Technical Brochure for each Model with this form.
2. Please submit a nameplate displaying <u>both</u> the model number and the certification status of the unit. A photocopy is acceptable.



IV. South Coast Air Quality Management District (SCAQMD) Certification	
(Has model/Have models) been certified in compliance with the SCAQMD Rule 1146.2?	
<input type="checkbox"/> Yes. Date of Certification (mm/dd/yy): _____	<input type="checkbox"/> No. Complete Sections V, VI, and VII below.
(Is model/Are models) listed in the current SCAQMD certified equipment table for Rule 1146.2 (http://www.aqmd.gov/home/rules-compliance/rules/scaqmd-rule-book/support-documents/rule-1146-2-details)?	
<input type="checkbox"/> Yes. In compliance with APCD Rule 360 - Do not submit this form. No further action needed.	
<input type="checkbox"/> No. Please attach (a copy/copies) of the SCAQMD certification (letter/letters) to this form. Skip Sections V and VI below. Complete Section VII and submit.	

V. Source Test Report	
Source test performed on the model within the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source Test Conducted by	
Source Test Report No.	
Date of Source Test	
Model(s) Tested	
Serial No. of Unit(s) Tested	
Please submit a copy of the source test report with this form.	

VI. Identification of Compliant Units

VII. Statement by Responsible Official	
As the manufacturer's responsible official I hereby attest, under the penalty of perjury, to the accuracy of all statements and information in this compliance report, including this document, all attachments and supplements thereof.	
Responsible Office Name (print)	
Responsible Official Signature	
Responsible Official Phone	()
Is the Responsible Official's Mailing Address the same as in Section I?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No: Street Address:
	City, State, Zip:
DATE: (mm/dd/yy) _____	