



**Gasoline Station
Permit to Operate
Application Form -25P**

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

This form is required for all gasoline station Permit to Operate applications that currently have an ATC permit. Use Form -25 for all other purposes. Also submit Form -01T if the request addresses a change in owner/operator status. **Mail the completed form(s) and appropriate filing fees to the Air Pollution Control District (APCD) at the above address.** Additional information can be found at <http://www.ourair.org/gas-station>.

Purpose of Application (check all that apply)

- Permit to Operate *(Use this Form -25P only if you currently have an ATC permit. Otherwise use Form -25)*
- Change of Owner/Operator. *(Also requires the submittal of a Form -01T)*

Facility Information (please fill in completely)

Facility Address/Location (e.g., Fairview Ave., 55 N. / Goleta)			
Current APCD ATC Permit #		Station Number	

Company/Contact Information (please fill in completely)

Application Submitted By:	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Authorized Agent					
Legal Company Name						
Doing Business As						
Contact Name						
Position/Title						
Mailing Address						
City:		State		Zip		
Tel #		Fax #		E-mail		

Application Checklist (have you submitted all the required information? please check off the boxes)

- Application Filing Fee (Fee = \$431. The application filing fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee.) The APCD will accept credit card payments. If you wish to use this payment option, please complete the APCD Credit Card Authorization Form -01C.
- Initial Startup Test Results. Attach complete copies of all ATC permit-required test results. CARB or APCD approved test forms shall be used. See page 3 for a list of the required test results.
- Form -01T (*Transfer of Owner/Operator*) attached if this application also addresses a change in owner and/or operator status from what is listed on the current permit.
- Form -01A (*Authorized Agent Form*) attached if this application was prepared by and/or if correspondence is requested to be sent to an Authorized Agent (e.g., contractor or consultant). This form must accompany each application.

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Applicant/Preparer Certification Statement

The person who prepares the application also must sign the permit application. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify that all information contained herein and information submitted with this application is true and correct.	
_____	_____
signature of application preparer	date
_____	_____
print name of application preparer	employer name

All applications are required to be signed by a responsible official of the company that owns or operates the permitted equipment (i.e., the owner/operator). Signatures by Authorized Agents will not be accepted.

I certify that all information contained herein and information submitted with this application is true and correct.	
_____	_____
signature of owner/operator responsible official	date
_____	_____
print name of owner/operator responsible official	employer name

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION WILL RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

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Information Required with Healy PTO Application

The following test results on approved data forms must be submitted with Healy PTO applications (see your ATC permit and the applicable ARB Executive Order for site specific requirements). Please use the check boxes to ensure that all test results have been submitted along with your PTO. ¹

Phase I Tests:

- Static Torque of Phase I Adapters (TP-201.1B)
- Pressure Integrity Test of Drop Tube/Drain Valve Assembly (TP-201.1 C/D)
- Leak Rate and Cracking Pressure/Vacuum Vent Valves (TP-201.1E) ²
- Tank Manifold Tie Test (TP-201.3C)

Phase II Tests:

- Static Leak Decay Test (TP-201.3)
- Vapor to Liquid Ratio Test (Exhibit 5)
- Dynamic Back Pressure Test (TP-201.4)
- Static Pressure Performance of the Healy Clean Air Separator (Exhibit 4)
- Healy Positive Pressure Leak Check Test (Side A) and Vacuum Integrity Test (Side B)
- Maximum Product Flow Rate Test for each Dispenser (Form ENF-82)

If ISD Installed:

- ISD Operability Test (Exhibit 9 for Veeder-Root or Exhibit 10 for INCON)

¹ SBCAPCD does not require the Healy Nozzle Bag Test Procedure or the Pre-Backfill Blockage Test.

² Only required for new or rebuilt stations.

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Information Required with VST PTO Application

The following test results on approved data forms must be submitted with VST PTO applications (see your ATC permit and the applicable ARB Executive Order for site specific requirements). Please use the check boxes to ensure that all test results have been submitted along with your PTO.³

Phase I Tests:

- Static Torque of Phase I Adapters (TP-201.1B)
- Pressure Integrity Test of Drop Tube/Drain Valve Assembly (TP-201.1 C/D)
- Leak Rate and Cracking Pressure/Vacuum Vent Valves (TP-201.1E)⁴
- Tank Manifold Tie Test (TP-201.3C)

Phase II General Tests:

- Static Leak Decay Test (TP-201.3 and Exhibit 4)
- Dynamic Back Pressure Test (TP-201.4 and Exhibit 2)
- Liquid Removal Test (Exhibit 5)
- Vapor Pressure Sensor Verification Test (Exhibit 8)
- Maximum Product Flow Rate Test for each Dispenser (Form ENF-82)

Phase II VST Vapor Processor Tests:

- Determination of VST ECS Processor Activation Pressure (Exhibit 9)
- VST ECS Hydrocarbon Sensor Verification Test (Exhibit 6)

Or

Phase II Veeder-Root Vapor Polisher Tests:

- Veeder-Root Vapor Polisher Operability Test Procedure (Exhibit 11), and;
- Veeder-Root Vapor Polisher Hydrocarbon Emissions Verification Test (Exhibit 12)

If ISD Installed:

- ISD Vapor Flow Meter Operability Test (Exhibit 13)

³ SBCAPCD does not require the Healy Nozzle Bag Test Procedure or the Pre-Backfill Blockage Test.

⁴ Only required for new or rebuilt stations.

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