APPLICATION FOR CERTIFICATE OF REGISTRATION

COMPRESSION IGNITION ENGINES USED IN AGRICULTURAL OPERATIONS

FORM 3 – PORTABLE ENGINE INFORMATION

Portable means designed and capable of being carried or moved from one location to another. Indicia of portability include, but are not limited to, wheels, skids, carrying handles, dolly, trailer, or platform. For purposes of registration, a portable engine must be used exclusively at agricultural sources under common ownership.

Engines not considered portable include engines that operate at one location on a seasonal basis and engines that will remain at one location for more than 12 (twelve) months.

For engines that are not considered portable, please complete **FORM 2 – Stationary Engine Information**

Note: Tractor and truck engines used to drive / propel mobile equipment and vehicles are not subject to District registration requirements.

Owner/Operator/Company Name:

Engine Manufacturer:	Model Number:	Serial Number:

Year of Engine Manufacture:	(or approximate age of engine) : Years Old

Maximum Brake Horsepower Rating:	Date of Installation:

Engine Designation: ☐ Tier "0" (non-certified / pre-1996) ☐ Tier 1   ☐ Tier 2   ☐ Tier 3   ☐ Tier 4
EPA/CARB Engine Family Number: _____

Estimated Annual Hours of Operation:

Fuel Used and Estimated Amount:
☐ CARB Diesel _____ Gallons / Year
☐ Biodiesel (specify blend): _____ Gallons / Year _____
☐ Other (please specify): _____ Gallons / Year _____

Is engine equipped with an hour meter or fuel flow meter?   ☐ Hour Meter   ☐ Fuel Flow Meter

Work Performed by Engine:

☐ Water Pump Drive   ☐ Generator Set   ☐ Compressor Drive   ☐ Other _____

Does engine operate entirely within Placer County?
☐ Yes   ☐ No, Please list other counties: _____

Does engine ever operate within ¼ mile of a residential area, school, and/or hospital: ☐ Yes   ☐ No

If yes, please specify: ☐ Residence   ☐ School   ☐ Hospital   Estimated Distance: _____ Feet

Address / Location of Receptor(s): _____

If yes, list locations of engine operating stations within ¼ mile of above receptors: _____

_____

Signature of Company's Responsible Person:

_____   Title: _____

Name (Printed or Typed): _____   Date_____