PORTABLE EQUIPMENT REGISTRATION APPLICATION FORM

Registration is an alternative to permitting. Equipment currently exempt from permitting is also exempt from registration.

1. REGISTRATION TO BE ISSUED TO: ________________________________

2. MAILING ADDRESS:
   Street/PO Box: ________________________________
   City: __________________ State: ___________ Zip Code: ___________

3. IS THIS APPLICATION FOR RENTAL EQUIPMENT?  ☐ YES  ☐ NO

4. EQUIPMENT STORAGE LOCATION:
   Street: ________________________________
   City: __________________ State: ___________ Zip Code: ___________

5. PLEASE CHECK THE APPROPRIATE BOXES AND FURNISH THE REQUESTED INFORMATION:
   a) Did the unit reside in California at any time during 1993?  ☐ YES  ☐ NO
      If yes, please attach documentation, as proof (e.g., existing permits, tax records, maintenance records, etc.)
   b) Initial date unit was operated in California: ________________________________
   c) Is the unit an Equivalent Replacement of a previously registered unit?  ☐ YES  ☐ NO  Registration No.: ______

6. PLEASE CHECK THE APPROPRIATE SOURCE CATEGORIES AND COMPLETE THE APPROPRIATE SUPPLEMENTAL APPLICATION FORMS:
   ☐ Abrasive Blasting (Confined)  ☐ Portland Cement Batch Plant  ☐ Air Curtain Burn Box
   ☐ Abrasive Blasting (Unconfined)  ☐ Mineral Processing  ☐ Internal Combustion Engine
   ☐ Other: ________________________________

7. GENERAL NATURE OF BUSINESS: ________________________________

8. ADDITIONAL AIR DISTRICTS IN WHICH THE UNIT MAY BE OPERATED: ________________________________

9. IS THIS APPLICATION SUBMITTED AS THE RESULT OF EITHER A NOTICE OF VIOLATION (NOV) OR A NOTICE TO COMPLY (NTC)?  ☐ YES □ NO  If yes, NOV/NTC # ________________________________

10. SIGNATURE OF APPLICANT: ________________________________

11. TYPED OR PRINTED TITLE OF APPLICANT: ________________________________

12. TYPED OR PRINTED NAME OF APPLICANT: ________________________________

13. DATE: ________________________________

14. TELEPHONE NUMBER: ________________________________

   DATE STAMPED: ________________________________
   FILING FEE RECEIVED: ________________________________
   DATE PAID: ________________________________
   PROJECT NO: ________________________________ FACILITY ID: ________________________________