

San Joaquin Valley Air Pollution Control District

Application for

EMISSION REDUCTION CREDIT (ERC)

CONSOLIDATION OF ERC CERTIFICATES

1. ERC TO BE ISSUED TO: _____		Facility ID: ____ - _____ (if known)				
2. MAILING ADDRESS: Street/P.O. Box: _____ City: _____ State: _____ Zip Code: _____						
3. LOCATION OF REDUCTION: Street: _____ City: _____ _____/4 SECTION _____ TOWNSHIP _____ RANGE _____	4. DATE OF REDUCTION:					
5. PERMIT NO(S): _____		EXISTING ERC NO(S): _____				
6. METHOD RESULTING IN EMISSION REDUCTION: <input type="checkbox"/> SHUTDOWN <input type="checkbox"/> RETROFIT <input type="checkbox"/> PROCESS CHANGE <input type="checkbox"/> OTHER DESCRIPTION: _____ <div style="text-align: right; font-size: small;">(Use additional sheets if necessary)</div>						
7. REQUESTED ERCs: (In pounds per calendar quarter except CO ₂ e)						
	VOC	NO _x	CO	PM ₁₀	SO _x	Other
1 st Qtr						
2 nd Qtr						
3 rd Qtr						
4 th Qtr						
CO ₂ e <input style="width: 100px;" type="text"/> metric ton/yr						
8. SIGNATURE OF APPLICANT: _____				TYPE OR PRINT TITLE OF APPLICANT: _____		
9. TYPE OR PRINT NAME OF APPLICANT: _____					DATE: _____	TELEPHONE NO: _____

FOR APCD USE ONLY:

DATE STAMP	FILING FEE RECEIVED: \$ _____ / _____ DATE PAID: _____ PROJECT NO.: _____ FACILITY ID.: _____
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