1. **REGISTRATION TO BE ISSUED TO:**

2. **WILL THE EQUIPMENT BE REGISTERED AS NON-OPERATIONAL?**  
   - [ ] YES  
   - [ ] NO  
   
   If Yes, a non-operational registration will be issued. Emission units registered as non-operational at the time of initial registration shall not be operated until the District has evaluated the equipment and has issued a revised registration authorizing equipment operation. The registered owner or operator shall submit a written request, including the standard registration fees, to activate non-operational equipment. The District shall have up to 30 days to act on such requests.

3. **MANUFACTURER:**

   - Model Number & Type:_________________________  
   - Serial Number:_________________________

4. **EQUIPMENT LISTING, SITE PLAN, & MATERIAL FLOW CHART:**
   
   a) Provide an equipment listing to include the manufacturer and model number of all major components.
   b) Provide a typical Site Plan for a maximum throughput scenario. (Include all process, control, and transfer equipment.)
   c) Provide a Material Flow chart for a maximum throughput scenario. (Include all process, control, and transfer equipment, their types, and their maximum ratings. Also include transfer points, stock piles and air pollution control methods.)

5. **MATERIAL INFORMATION:**
   
   a) Percentage of recycled material processed (average):  
   - Concrete:   Asphalt:   Other (Type):
   b) Percentage of other material processed (average):  
   - Fines:   Rock:   Other (Type):
   c) Maximum finished material throughput:  
   - Tons/Hour:   Tons/Day:

6. **NUMBER OF TRANSFER PONTS:**
   
   a) Dry:_______  
   - Control:  
     - [ ] Wet Suppression  
     - [ ] Cyclone: Size:  
     - [ ] Baghouse: Type:
   b) Other:_____  
   - Control:  
     - [ ] Wet Suppression  
     - [ ] Cyclone; Size:  
     - [ ] Baghouse; Type:

7. **NUMBER OF CRUSHERS:** (Provide the information requested below for each crusher included in operation.)
   
   a) Primary:  
   - Type of Particulate Control:   
   - Material throughput, Tons/Hour:   Tons/Day:
   b) Secondary:  
   - Type of Particulate Control:   
   - Material throughput, Tons/Hour:   Tons/Day:
   c) Tertiary:  
   - Type of Particulate Control:   
   - Material throughput, Tons/Hour:   Tons/Day:

8. **OPERATING SCHEDULE:**
   
   a) Primary: Maximum anticipated operating schedule:  
   - Hours/Day:   Days/Year:
   b) Maximum and minimum anticipated time at a single site:  
   - Maximum:   Minimum:

9. **IS THE OPERATION POWERED BY AN INTERNAL COMBUSTION ENGINE WITH A MAXIMUM RATING GREATER THAN 50 HORSEPOWER:**  
   - [ ] YES  
   - [ ] NO  
   
   If yes, # of engines:___________ (If yes, complete supplemental IC engine application form.)