

**PORTABLE EQUIPMENT REGISTRATION APPLICATION FORM**

Registration is an alternative to permitting. Equipment currently exempt from permit 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>If yes, please attach documentation, as proof (e.g., existing permits, tax records, maintenance records, etc.)</i>		
b) Initial date unit was operated in California: _____		
c) Is the unit an Equivalent Replacement of a previously registered unit? <input type="checkbox"/> YES <input type="checkbox"/> NO    Registration No.: _____		
6. PLEASE CHECK THE APPROPRIATE SOURCE CATEGORIES AND COMPLETE THE APPROPRIATE SUPPLEMENTAL APPLICATION FORMS:		
<input type="checkbox"/> Abrasive Blasting (Confined)	<input type="checkbox"/> Portland Cement Batch Plant	<input type="checkbox"/> Air Curtain Burn Box
<input type="checkbox"/> Abrasive Blasting (Unconfined)	<input type="checkbox"/> Mineral Processing	<input type="checkbox"/> Internal Combustion Engine
<input type="checkbox"/> Other: _____		
7. GENERAL NATURE OF BUSINESS: _____		
8. ADDITIONAL AIR DISTRICTS IN WHICH THE UNIT MAY BE OPERATED: _____		
9. SIGNATURE OF APPLICANT: _____		10. TYPED OR PRINTED TITLE OF APPLICANT: _____
11. TYPED OR PRINTED NAME OF APPLICANT: _____	12. DATE: _____	13. TELEPHONE NUMBER: _____

**FOR APCD USE ONLY:**

<b>DATE STAMPED</b>	<b>FILING FEE RECEIVED:</b> _____
	<b>DATE PAID:</b> _____
	<b>PROJECT NO:</b> _____ <b>FACILITY ID:</b> _____