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FORM AG-3 AG ENGINE CHANGE NOTIFICATION FORM

This Form AG-3 is provided to assist you with compliance with Section 93115.8(c)(3) of the Stationary Diesel Airborne Toxic Control Measure (ATCM). Specifically, the owner or operator of a registered engine shall notify the Home District in writing no later than 14 days after any change of owner or operator, change in location, installation or commencement of an emissions control strategy or replacement with an electric motor or non-compression ignition engine. See the District's policy "Agricultural Engine Registration Engine Location Change Policy Memo" for specific guideline regarding when this Form AG-3 is required for location changes.

Send the completed Notification Form to the Home District that is listed on the engine's registration.

ENGINE REGISTRATION NUMBER: DATE of CHANGE:			
OLD OWNER/OPERATOR NAME(s):			
HOME DISTRICT:			
REASON FOR NOTIFICATION: (check all that apply)			
[] CHANGE IN ENGINE OWNER. Provide the new owner information on page 2.			
[]	CHANGE IN ENGINE OPERATOR. Provide the new operator information on page 2.		
[]	CHANGE IN ENGINE LOCATION. Provide the following for the engine's new location:		
	Physical Location of the Engine:		- Civala Unita, Lat /Lana UTM
	Geographic Coordinates:	and	<u>Circle Units</u> : Lat/Long, UTM <u>UTM Datum</u> : NAD27, NAD83, WGS84
	Assessor Parcel Number(s):		
[]	Installation or Commencement of an Emissions Control Strategy. (e.g., adding a particulate filter trap)		
[]	REPLACEMENT OF THE ENGINE WITH AN ELECTRIC MOTOR		
[]	REPLACEMENT OF THE ENGINE WITH AN NON-COMPRESSION IGNITION (E.G., NON-DIESEL) ENGINE		
	NAME (please print)	PHONE No.	DATE







AG ENGINE CHANGE NOTIFICATION FORM AG-3 (Continued)

Use this Section to update the Owner and/or Operator contact information. Please also take the time to update the Correspondence and Billing/Other categories as needed. **OWNER Contact Person** Work Phone: Company Name FAX: Address Cell Phone: City, State, Zip: Email:: **OPERATOR** Work Phone: _____ Contact Person FAX: Company Name Address Cell Phone: City, State, Zip: Email: CORRESPONDENCE Work Phone: Contact Person Company Name FAX: Address Cell Phone: City, State, Zip: **Email** BILLING / OTHER Contact Person Work Phone: Company Name FAX: Address Cell Phone: City, State, Zip: Email: STATE THE NATURE OF THIS CONTACT: (e.g.: inspection contact)