

Existing Residential Diesel-Fired Emergency/Standby (E/S) Engine Application Form -37

Santa Barbara County Air Pollution Control District 260 N. San Antonio Road, Suite A Santa Barbara, CA 93110-1315

Complete a separate APCD Form -37 for each **existing** emergency/standby engine (use Form -36 for engines installed after 1/1/2005). Mail the completed form(s) and a **filing fee of \$1,130** to the Air Pollution Control District (APCD) at the above address. The filing fee may also be paid with a credit card using APCD Form -01C. Additional assistance can be obtained by referencing to the APCD's Diesel Internal Combustion Engine webpage at http://www.ourair.org/residential-dice or by calling us at (805) 979-8050.

rpose of Applic	ation			
	e. An existing is any y 1, 2005. Use Form this date.		Date of Installat	ion
roperty Location	1			
○Yes ○ No	Is your property to grounds (k-12)?	ooundary located	or proposed to be loc	ated within 500 feet from the schoo
If yes, provide the	name of school(s)			
Assessors Parcel N	lo(s):			
Engine Use (check Electrical Power Yes No Engine Data	er Other (Des	,	Non-Resettable Hour M	leter?
Manufacturer				
Model Name				
Model Year		Maximum R	ated Brake Horsepower	(bhp)
Serial Number				
	FOR APCD	USE ONLY		DATE STAMP
FID		Permit No.		
Project Name				
Filing Fee			DFF ? YES / NO	

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Contact and Engine Location Information

Owner Info	O Yes O N	o Use as Billin	Use as Billing Contact?				
Contact Name		Position/Titl	Position/Title				
Engine Location							
Mailing Address							
City		State		Zip Code			
Telephone	Fax		Email				
Authorized Agent Info*	○ Yes ○ No	Use as Billin	Use as Billing Contact?				
Company Name							
Contact Name	Position/Titl	Position/Title					
Mailing Address							
City		State		Zip Code			
Telephone	ne Fax		Email				
*Use this section if the application is required. http://www.ourair.org/wp-blicant/Preparer Statem The person who prepares the operator or an authorized ag	ent application also musent (contractor/consu	edf t sign this form.	The pre	parer may be	an employee of the		
Agent Form -01A is required I certify pursuant to H&SC S	<u>* </u>	Il information co	ontained	herein and inf	ormation submitte		
this application is true and co	rrect.						
Completed By		Compar	ıy				
Signature				Date			

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

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