

Feather River Air Quality Management District

Form 2 – Agricultural Engine Supplemental Form

Directions: Please fill out one (1) Agricultural Engine Supplemental Form for each engine being registered.

1) Owner/Operator/Company Name:			
2) Manufacturer's Maximum Brake Horsepower:		_____HP @ _____RPM	
3) Engine Manufacturer:		4) Engine Model:	
5) EPA Engine Family:		6) Engine Serial Number:	
7) Year of Manufacture:	(or approximate age of engine _____ yrs old)		
8) Engine Tier:	<input type="checkbox"/> Tier 0 (non-certified / pre-1996) <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4		
9) Date of Initial Installation or Date of Proposed Installation:			
10) Have you owned and/or operated this engine since March 1, 2008?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11) Fuel Type and Estimated Usage:		<input type="checkbox"/> CARB Diesel <input type="checkbox"/> Other - Please specify: _____ _____Gallons/Year _____Hours of Operation/year	
12) Equipped with an hour meter or fuel flow meter?		<input type="checkbox"/> Hour Meter <input type="checkbox"/> Fuel Flow Meter	
13) Work Performed:		<input type="checkbox"/> Generator Set <input type="checkbox"/> Water Pump Drive <input type="checkbox"/> Compressor Drive <input type="checkbox"/> Other: _____	
14) Location of Operation (Supply at least one of the following):			
<input type="checkbox"/> Latitude/Longitude: Northing - _____ deg. _____ min _____ sec OR Decimal _____ Easting - _____ deg. _____ min _____ sec OR Decimal _____			
<input type="checkbox"/> Universal Trans Meridian (UTM): Zone 10 _____ E _____ N			
<input type="checkbox"/> PLSS data: Township: _____ Range: _____ Section: _____			
<input type="checkbox"/> Parcel/Plot Number: _____			
<input type="checkbox"/> Distance & Direction to Nearest Crossroads: _____			
15) Does the engine operate at more than one location?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
16) Does the engine operate entirely within Yuba and/or Sutter counties?		<input type="checkbox"/> Yes <input type="checkbox"/> No, Please list other counties: _____	
For the following question: "Residential Area" means three or more permanent residences located anywhere outside the facility's property.			
17) Is the engine operated within 0.5 miles from a residential area, school, or hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18) Address/location in which the engine is stored when not in use:			
19) Printed Name of Owner/Operator:		Title:	
20) Signature of Owner/Operator:		Date:	