



RULE 1623 LAWN & GARDEN MSERC APPLICATION

A filing fee and an evaluation fee, as specified in Rule 309(c)(2), are required with the submittal of this application. Additional evaluation fees may be assessed per Rule 309(c)(3) after submittal of the application.

1. COMPANY NAME	AQMD ID# (IF KNOWN)
2. BUSINESS MAILING ADDRESS	
3. CONTACT PERSON (INCLUDING TITLE AND TELEPHONE NUMBER)	
4. ALTERNATE CONTACT PERSON (INCLUDE TITLE AND TELEPHONE NUMBER)	
5. PROJECT DESCRIPTION SPECIFY WHICH OF THE FOLLOWING PROJECTS WERE EMPLOYED TO GENERATE CREDIT. <u>LAWN & GARDEN EQUIPMENT CREDIT-GENERATING PROJECTS:</u> <input type="checkbox"/> A: PERMANENT REPLACEMENT WITH EQUIPMENT CERTIFIED TO <u>1995</u> STANDARDS <input type="checkbox"/> B: PERMANENT REPLACEMENT WITH <u>LOW-EMISSION</u> EQUIPMENT CERTIFIED TO <u>1999</u> STANDARDS <input type="checkbox"/> C: PERMANENT REPLACEMENT WITH <u>ZERO-EMISSION</u> EQUIPMENT <input type="checkbox"/> D: DIRECT SALE OF <u>LOW-EMISSION</u> EQUIPMENT CERTIFIED TO 1999 STANDARDS <input type="checkbox"/> E: DIRECT SALE OF <u>ZERO-EMISSION</u> EQUIPMENT INCLUDE AS <u>ATTACHMENT 1</u> A DETAILED DESCRIPTION OF EACH CREDIT GENERATING PROJECT, INCLUDING AN INVENTORY AND DATA RECORDS FOR ALL NEW OR REPLACEMENT EQUIPMENT. FOR EACH NEW EQUIPMENT UNIT IDENTIFY: THE INDIVIDUALS AND BUSINESSES PURCHASING NEW OR REPLACEMENT EQUIPMENT (NAMES, ADDRESSES, TELEPHONE NUMBERS), TYPE OF EQUIPMENT, MANUFACTURER, MODEL NUMBER, ENGINE SIZE (CC), HORSEPOWER RATING (HP) OR AMPS RATING, ENGINE TYPE (2 OR 4 STROKE), I.D. OR SERIAL NUMBER, USE (AS RESIDENTIAL OR COMMERCIAL), AND PURCHASE DATE. IF A, B, OR C IS CHECKED ABOVE, ALSO INCLUDE DATA RECORDS BY IDENTIFYING THE INDIVIDUALS AND BUSINESSES SUBMITTING THEIR OLD LAWN AND GARDEN EQUIPMENT FOR SCRAPPING (INCLUDING NAMES, ADDRESSES AND TELEPHONE NUMBERS); DATE OF SCRAPPING; EQUIPMENT TYPE; MANUFACTURER; ENGINE MODEL NUMBER, HORSEPOWER RATING (HP), ENGINE SIZE (CC), ENGINE TYPE (2 OR 4 STROKE), AND USE (AS RESIDENTIAL OR COMMERCIAL).	
6. IDENTIFICATION OF THE LEGAL OWNER OF THE MSERCs (COMPANY NAME, ADDRESS, TELEPHONE NUMBER, CONTACT NAME)	

7. INTENDED USE OF MSERCs (IF KNOWN):

RECLAIM
 REGULATION XI
 REGULATION XIII
 RULE 2202
 VOLUNTARY RETIREMENT

IF COMPLIANCE WITH REGULATION XI IS SOUGHT, THE APPLICANT MUST ALSO SUBMIT A RULE 1623 COMPLIANCE PLAN (USE AQMD FORM 400-1623CP).

SIGNATURE OF PERSON RESPONSIBLE FOR RULE 1623 COMPLIANCE

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE _____

NAME _____

TITLE _____ DATE _____

AQMD USE ONLY

APPLICATION NUMBER		EQUIPMENT CAT. NUMBER		ASSIGNMENT UNIT	ENGINEER
FEE SCHEDULE \$	VALIDATION	CHECK NUMBER OR MONEY ORDER		AMOUNT	

Send completed application with the required fee to:

South Coast AQMD
 Permit Services – Reg. XVI
 P.O. Box 4944
 Diamond Bar, CA 91765

If you need assistance in completing this form, please call Ms. Vicki White at (909) 396-3436.