



**Please complete this form for each engine and submit along with application and any additional information [i.e. manufacturer's specification sheet(s)]**

**Engine Information**

Has the engine been modified <sup>1</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the date of the modification:	
Has the engine been reconstructed <sup>2</sup> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the following information	
		Date of reconstruction:	
		Summary of cost (submit documentation):	
Engine Ignition: <input type="checkbox"/> Compression Ignition <input type="checkbox"/> Spark Ignition (select one below) <input type="checkbox"/> 2SLB <input type="checkbox"/> 4SRB <input type="checkbox"/> 4SLB		Engine Manufacturer/Model No:	
		Horsepower:	
		Date of Manufacture:	
		Serial No:	
Will the engine be manufacturer certified? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please submit the certification along with application.			
Will this engine be designated a remote stationary RICE as specified in 40 CFR 63.6675? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner/Operator's identification number/name for the engine:			
Which will the engine be subject to: <input type="checkbox"/> 40 CFR Part 60 Subpart JJJJ (NSPS JJJJ) <input type="checkbox"/> 40 CFR Part 63 Subpart ZZZZ (MACT ZZZZ) <input type="checkbox"/> 40 CFR Part 60 Subpart IIII (NSPS IIII)			
The associated compressor is a: <input type="checkbox"/> Centrifugal compressor <input type="checkbox"/> Other, _____ <input type="checkbox"/> Reciprocating compressor			
Will the associated compressor be subject to 40 CFR Part 60 Subpart OOOO (NSPS OOOO)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please explain:			
Will the associated compressor be subject to 40 CFR Part 60 Subpart OOOOa (NSPS OOOOa)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please explain:			
Fuel Type: <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other, _____ <input type="checkbox"/> Diesel <input type="checkbox"/> Dual fuel			

**Control Equipment**

Type of Control Equipment to be installed:
Manufacturer/Model No.:
Pollutant Controlled:
Operating Temperature (°F):

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Pollutant Controlled:
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<sup>1</sup> 40 CFR 60.2 defines modification as follows: any physical change in the method of operation of an existing facility which increases the amount of any air pollutant emitted into the atmosphere by that facility or which results in the emission of any air pollutant into the atmosphere not previously emitted.

<sup>2</sup> 40 CFR 63.2 defines reconstruction as follows: the fixed capital cost of the new components exceeds 50% of the fixed capital cost that would be required to construct a comparable new source.