

Yakima Regional Clean Air Agency 186 Iron Horse Court, Suite 101, Yakima, WA 98901 Phone: (509) 834-2050 Fax: (509) 834-2060 https://www.yakimacleanair.org

## **BACKUP GENERATOR REGISTRATION**

**NOTE:** Enter information from your previous calendar year activities and mail it back or email it to <a href="mailto:registration@yrcaa.org">registration@yrcaa.org</a>

1. FACILITY INFORMATION HAS THE BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR?				
a. FACILITY NAME	b. OWNER NAME		c. UNIFIED BUSINESS IDENTIFIER (UBI)	
d. PHYSICAL ADDRESS	e. MAILING ADDRE		SS	
f. CONTACT NAME & TITLE	g. PHONE		h. EMAIL	
i. PREFERRED CONTACT METHOD   MAIL   EMAIL				
2. GENERAL INFORMATION- NEW FEDERAL RULE JANUARY 14, 2013.				
If YOU HAVE MADE ANY MODIFICATIONS TO THE GENERATOR OR CHANGES IN FUEL USE SINCE LAST SUBMITTING DETAILED GENERATOR INFORMATION, PLEASE SUBMIT A COPY OF THE DETAILED MODIFICATION.				
3. EQUIPMENT AND PROCESS INFORMATION: ENTER SPECIFIC INFORMATION IN SECTIONS 3a THROUGH 3g FOR EACH INSTALLED GENERATOR.				
a. IDENTIFICATION, CAPACITY AND INSTALLATION				
GENERATOR #1	GENERATOR #2		GENERATOR #3	
ID#	ID#		ID#	
BTUs / HOUR	BTUs / HOUR		BTUs / HOUR	
ENGINE HP	ENGINE HP		ENGINE HP	
INSTALL DATE	INSTALL DATE		INSTALL DATE	
b. GENERATOR USE				
☐ ELECTRICITY	☐ ELECTRICITY		☐ ELECTRICITY	
☐ OTHER (DESCRIBE BELOW)	☐ OTHER (DESCRIBE BELOW)		☐ OTHER (DESCRIBE BELOW)	
c. ANNUAL HOURS OF OPERATION				
d. ANNUAL QUANTITY AND QUALITY OF FUEL USED				
OIL				
GALLONS	GALLONS		GALLONS	
GRADE	GRADE		GRADE	
% SULFUR	% SULFUR		% SULFUR	
NATURAL GAS				
CU FT OR THERMS	CU FT OR THERMS  CU FT OR THERMS			
LPG				
GENERATOR #1	GENERATOR #2		GENERATOR #3	
GALS BUTANE	GALS BUTANE		GALS BUTANE	
GALS PROPANE	GALS PROPANE		GALS PROPANE	



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GENERATOR #1	GENERATOR #2	GENERATOR #3			
e. ALTERNATIVE / BACKUP FUELS					
☐ OIL (SPECIFY GRADE)	☐ OIL (SPECIFY GRADE)	☐ OIL (SPECIFY GRADE)			
☐ NATURAL GAS	☐ NATURAL GAS	☐ NATURAL GAS			
□ LPG	□ LPG	□ LPG			
f. AIR POLLUTION CONTROL DEVICES IN USE					
☐ SELECTIVE CATALATIC REDUCTION (SCR) DEVICES	☐ SELECTIVE CATALATIC REDUCTION (SCR) DEVICES	☐ SELECTIVE CATALATIC REDUCTION (SCR) DEVICES			
□ OTHER	□ OTHER	□ OTHER			
□ NONE	□ NONE	□ NONE			
g. GENERATOR MODIFICATION OR RECONSTRUCTION (BRIEFLY DESCRIBE ON A SEPARATE SHEET.)					
☐ YES / DATE ☐ NO	☐ YES/DATE ☐ NO	☐ YES / DATE ☐ NO			
<b>4. CERTIFICATION</b> I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.					
SIGNATURE	TITLE				
NAME (PRINT)	DATE				