



### BOILER REGISTRATION

**NOTE:** Enter information from your previous calendar year activities and mail it back or email it to [registration@yrcaa.org](mailto:registration@yrcaa.org)

<b>1. FACILITY INFORMATION</b> HAS THE BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
a. FACILITY NAME	b. OWNER NAME	c. UNIFIED BUSINESS IDENTIFIER (UBI)
d. PHYSICAL ADDRESS		e. MAILING ADDRESS
f. CONTACT NAME & TITLE	g. PHONE	h. EMAIL
i. PREFERRED CONTACT METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL		
<b>2. GENERAL INFORMATION</b>		
a. HAVE YOU PREVIOUSLY SUBMITTED DETAILED BOILER INFORMATION? <input type="checkbox"/> YES, WHEN? _____ ANSWER 2b AND FOLLOW INSTRUCTION <input type="checkbox"/> NO, COMPLETE ENTIRE FORM		
b. HAVE YOU MADE ANY MODIFICATIONS TO ANY BOILER CONTROL DEVICE OR CHANGES IN FUEL USE SINCE LAST SUBMITTING DETAILED BOILER INFORMATION? <input type="checkbox"/> YES, COMPLETE REMAINDER OF FORM AND BRIEFLY DESCRIBE ON A SEPARATE SHEET <input type="checkbox"/> NO, COMPLETE ONLY SECTIONS 3c, 3d, 3e, AND 4		
<b>3. EQUIPMENT AND PROCESS INFORMATION</b> ENTER SPECIFIC INFORMATION FOR EACH BOILER INSTALLED		
<b>a. IDENTIFICATION, CAPACITY AND INSTALLATION</b>		
BOILER #1	BOILER #2	BOILER #3
ID# HP BTUs / HOUR INSTALL DATE	ID# HP BTUs / HOUR INSTALL DATE	ID# HP BTUs / HOUR INSTALL DATE
<b>b. BOILER USE</b>		
<input type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> INDUSTRIAL PROCESS (DESCRIBE)	<input type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> INDUSTRIAL PROCESS (DESCRIBE)	<input type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> INDUSTRIAL PROCESS (DESCRIBE)
<b>c. ANNUAL HOURS OF OPERATION</b>		
<b>d. ANNUAL QUANTITY AND QUALITY OF FUEL USED</b>		
<b>OIL</b>		
GALLONS GRADE % SULFUR	GALLONS GRADE % SULFUR	GALLONS GRADE % SULFUR



BOILER #1	BOILER #2	BOILER #3
<b>NATURAL GAS LP GAS</b>		
CU FT OR THERMS	CU FT OR THERMS	CU FT OR THERMS
GALS BUTANE	GALS BUTANE	GALS BUTANE
GALS PROPANE	GALS PROPANE	GALS PROPANE
<b>e. ALTERNATIVE OR BACKUP FUELS</b>		
<input type="checkbox"/> WOOD AND BARK (IN TONS) <input type="checkbox"/> COAL (IN TONS) <input type="checkbox"/> ELECTRICITY (AMT NOT REQUIRED)	<input type="checkbox"/> WOOD AND BARK (IN TONS) <input type="checkbox"/> COAL (IN TONS) <input type="checkbox"/> ELECTRICITY (AMT NOT REQUIRED)	<input type="checkbox"/> WOOD AND BARK (IN TONS) <input type="checkbox"/> COAL (IN TONS) <input type="checkbox"/> ELECTRICITY (AMT NOT REQUIRED)
<b>f. AIR POLLUTION CONTROL DEVICES IN USE CHECK ALL THAT APPLY</b>		
<input type="checkbox"/> LOW NOX BURNER <input type="checkbox"/> FLUE-GAS RECIRCULATION <input type="checkbox"/> FLY-ASH REINJECTION <input type="checkbox"/> CYCLONE <input type="checkbox"/> MULTI-CLONE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> VENTURI SCRUBBER <input type="checkbox"/> SECONDARY COMBUSTION CHAMBER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> LOW NOX BURNER <input type="checkbox"/> FLUE-GAS RECIRCULATION <input type="checkbox"/> FLY-ASH REINJECTION <input type="checkbox"/> CYCLONE <input type="checkbox"/> MULTI-CLONE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> VENTURI SCRUBBER <input type="checkbox"/> SECONDARY COMBUSTION CHAMBER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> LOW NOX BURNER <input type="checkbox"/> FLUE-GAS RECIRCULATION <input type="checkbox"/> FLY-ASH REINJECTION <input type="checkbox"/> CYCLONE <input type="checkbox"/> MULTI-CLONE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> VENTURI SCRUBBER <input type="checkbox"/> SECONDARY COMBUSTION CHAMBER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE
<b>4. CERTIFICATION</b> <i>I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.</i>		
SIGNATURE _____		TITLE _____
NAME (PRINT) _____		DATE _____