**San Joaquin Valley Air Pollution Control District**

# Application for

[ ] EMISSION REDUCTION CREDIT (ERC)

[ ] CONSOLIDATION OF ERC CERTIFICATES

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| --- | --- | --- | --- |
| 1. ERC TO BE ISSUED TO: Facility ID: \_\_\_-\_\_\_\_\_\_\_\_\_\_  (if known) | | | |
| 2. MAILING ADDRESS: Street/P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ | | | |
| 3. LOCATION OF REDUCTION:  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_/4 SECTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWNSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RANGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 4. DATE OF REDUCTION: |
| 5. PERMIT NO(S): EXISTING ERC NO(S): | | | |
| 6. METHOD RESULTING IN EMISSION REDUCTION:  [ ] SHUTDOWN [ ] RETROFIT [ ] PROCESS CHANGE [ ] OTHER  DESCRIPTION:    (Use additional sheets if necessary) | | | |
| 7. REQUESTED ERCs: (In pounds per calendar quarter except CO2e)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | VOC | NOx | CO | PM10 | SOx | Other | | 1st Qtr |  |  |  |  |  |  | | 2nd Qtr |  |  |  |  |  |  | | 3rd Qtr |  |  |  |  |  |  | | 4th Qtr |  |  |  |  |  |  |      |  |  |  | | --- | --- | --- | | CO2e |  | metric ton/yr | | | | |
| 8. SIGNATURE OF APPLICANT: | TYPE OR PRINT TITLE OF APPLICANT: | | |
| 9. TYPE OR PRINT NAME OF APPLICANT: | DATE: | PHONE #:  CELL PHONE #:  FAX #:  E-MAIL: | |

FOR APCD USE ONLY:

|  |  |
| --- | --- |
| DATE STAMP | FILING FEE  RECEIVED: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE PAID:  PROJECT NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY ID.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |