

**El Dorado County  
Air Quality Management District**

Internal Combustion Engine Supplemental Information Questionnaire

**Business Name and Address:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Equipment Location or Area:		<b>EMISSION CONTROLS</b>	
For Standby Power Generation		Turbocharger	
Maximum Break Horsepower:		Catalytic Converter	
Make:		Aftercooler or Intercooler	
Model:		Timing Retardation	
Serial Number:		Alternative Fuel	
Installation Date:		<b>PRIMARY FUEL</b>	<b>BACKUP FUEL</b>
Type of fuel:			
Maximum hours* operated per day:			
Maximum hours* operated per first calendar quarter:			
Maximum hours* operated per second calendar quarter:			
Maximum hours* operated per third calendar quarter:			
Maximum hours* operated per fourth calendar quarter:			
Maximum hours* operated per calendar year:			

\* Hours include routine operations plus testing and maintenance operation.

**Attach California Air Resources Board Certification, US Environmental Protection Agency Certification, or Manufacturer's Emissions Data.**