

**Butte County Air Quality Management District  
Application for Portable Equipment  
Certificate of Registration**

2525 Dominic Drive, Suite J  
Chico, CA 95928

(530) 891-2882  
(530) 891-2878 Fax



**FORM 3-C - Portable Abrasive Blasting**

(Auto-fill format. Use "Tab" or up/down arrows to enter information)

<b>1. Company Name:</b>	
<b>2. Equipment Manufacturer:</b>	<b>3. Model:</b>
<b>4. Nozzle Diameter:</b> inches          or gauge	<b>5. Serial Number:</b>
<b>Operating Pressure:</b> psi	<b>6. Company Unit ID (optional):</b>
<b>7. Abrasives Used</b> <input type="checkbox"/> Aluminum Oxide <input type="checkbox"/> Black Beauty <input type="checkbox"/> Garnet <input type="checkbox"/> Glass Bead <input type="checkbox"/> Sand <input type="checkbox"/> Mineral Slag <input type="checkbox"/> Plastic Shot <input type="checkbox"/> Silicon Carbide <input type="checkbox"/> Steel Shot                  Sand Type: <input type="checkbox"/> Steel Grit <input type="checkbox"/> Walnut Shell <input type="checkbox"/> Other <span style="float: right;"><b>Other Type:</b></span>	
<b>8. <input type="checkbox"/> Unconfined Operation    <input type="checkbox"/> Confined Operation</b>	
<b><u>For Unconfined Operation, Process Information:</u></b> Wet Blasting Used: <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Percent of Time Wet Blasting Method Is Used:</b> %	
<b>Other Abrasive Blasting Methods Used:</b>	
<b><u>For Confined Operation: Control Equipment Information</u></b>	
<b>Type of Filters:</b> <input type="checkbox"/> Fabric <input type="checkbox"/> Cartridge	
<b>Control Efficiency:</b> %	
<b>Attach Manufacturer's Specifications or Engineering Data Which Demonstrates a Minimum Particulate Matter Control of 99% For Dust Collection Equipment.</b>	
<b>Are Fabric Dust Collectors Equipped With Operational Pressure Differential Gauges?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> N/A (No Fabric Collectors)</span>	
<b>9. Printed Name of Responsible Party:</b>	<b>Title:</b>
<b>Signature of Responsible Party:</b>	<b>Date:</b>

**(Form 3-C)**

1. *Company Name* - Legal name of entity, business, organization, agency or private individual that operates equipment.
2. *Manufacturer* - for example: Simons, Rexnord, or your company name if built in house.
3. *Model* - may be a series of numbers or letters or combinations of numbers and letters, for example, 3612.
4. *Nozzle Diameter and Pressure* - Enter the nozzle diameter in inches or nozzle gauge and the operating pressure at the nozzle in pounds per square inch (psi).
5. *Serial Number* - A unique, unit specific number, usually on the equipment nameplate. The serial number is necessary to ensure that each piece of registered equipment can be uniquely identified and matched to its respective registration certificate number.
6. *Company Unit ID number (optional)* - For reference. Enter your company's unit or equipment number.
7. *Abrasives Used* - a list of the types of abrasives used, if “sand” or “other” is indicated the type must be listed. Note: all abrasives must be California Air Resources Board certified.
8. *Control Equipment Information* - Particulate control equipment must be listed and described.  
Control Efficiencies - List control efficiencies as a percentage of particulate controlled.  
Operational Pressure Differential Gauge - Fabric dust collectors must be equipped with an operational pressure differential gauge to measure the pressure drop across the filters. If you do not have a pressure gauge, explain how filters are monitored. If fabric collectors are not used indicate N/A. Vent filters do not require pressure gauges.
9. *Printed Name of Responsible Official* - Responsible Official is the individual employed or otherwise retained by a company, public agency, or municipality, or his contracted designee, that has the authority to certify that the portable equipment complies with all applicable requirements of the District’s Rules and Regulations. This person must be a direct employee to the company, not a third party. Examples of third party members are consultants, distributors, sales representatives, lawyers, etc.  
  
*Signature of Responsible Official with Date* - Signature of responsible official described above.  
(Application will not be accepted unless signed and dated.)