

PERP Inspection Request Form

Effective 11/30/18, Article 5, Section 2460(b) of the Code of California Regulations (CCR) requires owners or operators of registered portable engines or equipment units to notify their Home District within 45 days of the initial registration or renewal date to schedule an inspection. The inspection shall be completed within one year of the initial registration or renewal date, at a time and place agreed upon in advance.

Please CLICK/TAP in each box below and complete the information to request an inspection.

BAAQMD staff will contact you within approximately 30 days of receipt to schedule an inspection.

Company:

| Click to enter BUSINESS NAME | Today's DATE | | |
|------------------------------|----------------|----|---------------|
| Equipment STREET ADDRESS | CITY | ST | ZIP |
| CONTACT NAME | CONTACT E-MAIL | | CONTACT PHONE |

Equipment to be inspected (for the location listed above; attach additional forms as needed for more equipment or different addresses):

| | CARB PERP Reg #: | Company Unit/ Desig # (opt.) | Type of Equipment: | | CARB PERP Reg #: | Company Unit/ Desig # (opt.) | Type of Equipment: |
|----|------------------------|---------------------------------|--------------------|----|------------------------|---------------------------------|--------------------|
| 1 | | | | 2 | | | |
| 3 | | | | 4 | | | |
| 5 | | | | 6 | | | |
| 7 | | | | 8 | | | |
| 9 | | | | 10 | | | |
| 11 | | | | 12 | | | |

Important Notice: Failure to make engines or equipment units and the required documentation and records available for inspection at the scheduled time and place for inspection may result in enforcement action [CCR Title 13, Art.5 §§2458 (a),2458 (b), and 2460 (b)(6)].

Please email this completed form to: compliance@baaqmd.gov

or print and mail to: BAAQMD, Attn: Compliance PERP, 375 Beale Street, Suite 600, San Francisco, CA 94105.

If any questions about this form, please contact us at (415)749-4999.

| BAAQMD USE ONLY | | | | | |
|-----------------|--|-----------------------|--|--|--|
| Received By: | | Inspector Assigned: | | | |
| Date Rcvd: | | Inspection Scheduled: | | | |
| Date Entered: | | Inspection Completed: | | | |