



BACKUP GENERATOR REGISTRATION

NOTE: Enter information from your previous calendar year activities and mail it back or email it to registration@yrcaa.org

1. FACILITY INFORMATION 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		
2. GENERAL INFORMATION- NEW FEDERAL RULE JANUARY 14, 2013. If YOU HAVE MADE ANY MODIFICATIONS TO THE GENERATOR OR CHANGES IN FUEL USE SINCE LAST SUBMITTING DETAILED GENERATOR INFORMATION, PLEASE SUBMIT A COPY OF THE DETAILED MODIFICATION.		
3. EQUIPMENT AND PROCESS INFORMATION: ENTER SPECIFIC INFORMATION IN SECTIONS 3a THROUGH 3g FOR EACH INSTALLED GENERATOR.		
a. IDENTIFICATION, CAPACITY AND INSTALLATION		
GENERATOR #1	GENERATOR #2	GENERATOR #3
ID#	ID#	ID#
BTUs / HOUR	BTUs / HOUR	BTUs / HOUR
ENGINE HP	ENGINE HP	ENGINE HP
INSTALL DATE	INSTALL DATE	INSTALL DATE
b. GENERATOR USE		
<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> ELECTRICITY
<input type="checkbox"/> OTHER (DESCRIBE BELOW)	<input type="checkbox"/> OTHER (DESCRIBE BELOW)	<input type="checkbox"/> OTHER (DESCRIBE BELOW)
c. ANNUAL HOURS OF OPERATION		
d. ANNUAL QUANTITY AND QUALITY OF FUEL USED		
OIL		
GALLONS	GALLONS	GALLONS
GRADE	GRADE	GRADE
% SULFUR	% SULFUR	% SULFUR
NATURAL GAS		
CU FT OR THERMS	CU FT OR THERMS	CU FT OR THERMS
LPG		
GENERATOR #1	GENERATOR #2	GENERATOR #3
GALS BUTANE	GALS BUTANE	GALS BUTANE
GALS PROPANE	GALS PROPANE	GALS PROPANE



GENERATOR #1	GENERATOR #2	GENERATOR #3
e. ALTERNATIVE / BACKUP FUELS		
<input type="checkbox"/> OIL (SPECIFY GRADE) <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> LPG	<input type="checkbox"/> OIL (SPECIFY GRADE) <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> LPG	<input type="checkbox"/> OIL (SPECIFY GRADE) <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> LPG
f. AIR POLLUTION CONTROL DEVICES IN USE		
<input type="checkbox"/> SELECTIVE CATALATIC REDUCTION (SCR) DEVICES <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> SELECTIVE CATALATIC REDUCTION (SCR) DEVICES <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> SELECTIVE CATALATIC REDUCTION (SCR) DEVICES <input type="checkbox"/> OTHER <input type="checkbox"/> NONE
g. GENERATOR MODIFICATION OR RECONSTRUCTION (BRIEFLY DESCRIBE ON A SEPARATE SHEET.)		
<input type="checkbox"/> YES / DATE <input type="checkbox"/> NO	<input type="checkbox"/> YES / DATE <input type="checkbox"/> NO	<input type="checkbox"/> YES / DATE <input type="checkbox"/> NO
4. CERTIFICATION <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 _____