



BOILER 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		
a. HAVE YOU PREVIOUSLY SUBMITTED DETAILED BOILER INFORMATION? <input type="checkbox"/> YES, WHEN? _____ ANSWER 2b AND FOLLOW INSTRUCTION <input type="checkbox"/> NO, COMPLETE ENTIRE FORM		
b. HAVE YOU MADE ANY MODIFICATIONS TO ANY BOILER CONTROL DEVICE OR CHANGES IN FUEL USE SINCE LAST SUBMITTING DETAILED BOILER INFORMATION? <input type="checkbox"/> YES, COMPLETE REMAINDER OF FORM AND BRIEFLY DESCRIBE ON A SEPARATE SHEET <input type="checkbox"/> NO, COMPLETE ONLY SECTIONS 3c, 3d, 3e, AND 4		
3. EQUIPMENT AND PROCESS INFORMATION ENTER SPECIFIC INFORMATION FOR EACH BOILER INSTALLED		
a. IDENTIFICATION, CAPACITY AND INSTALLATION		
BOILER #1	BOILER #2	BOILER #3
ID# HP BTUs / HOUR INSTALL DATE	ID# HP BTUs / HOUR INSTALL DATE	ID# HP BTUs / HOUR INSTALL DATE
b. BOILER USE		
<input type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> INDUSTRIAL PROCESS (DESCRIBE)	<input type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> INDUSTRIAL PROCESS (DESCRIBE)	<input type="checkbox"/> STEAM <input type="checkbox"/> HOT WATER <input type="checkbox"/> INDUSTRIAL PROCESS (DESCRIBE)
c. ANNUAL HOURS OF OPERATION		
d. ANNUAL QUANTITY AND QUALITY OF FUEL USED		
OIL		
GALLONS GRADE % SULFUR	GALLONS GRADE % SULFUR	GALLONS GRADE % SULFUR



BOILER #1	BOILER #2	BOILER #3
NATURAL GAS LP GAS		
CU FT OR THERMS	CU FT OR THERMS	CU FT OR THERMS
GALS BUTANE	GALS BUTANE	GALS BUTANE
GALS PROPANE	GALS PROPANE	GALS PROPANE
e. ALTERNATIVE OR BACKUP FUELS		
<input type="checkbox"/> WOOD AND BARK (IN TONS) <input type="checkbox"/> COAL (IN TONS) <input type="checkbox"/> ELECTRICITY (AMT NOT REQUIRED)	<input type="checkbox"/> WOOD AND BARK (IN TONS) <input type="checkbox"/> COAL (IN TONS) <input type="checkbox"/> ELECTRICITY (AMT NOT REQUIRED)	<input type="checkbox"/> WOOD AND BARK (IN TONS) <input type="checkbox"/> COAL (IN TONS) <input type="checkbox"/> ELECTRICITY (AMT NOT REQUIRED)
f. AIR POLLUTION CONTROL DEVICES IN USE CHECK ALL THAT APPLY		
<input type="checkbox"/> LOW NOX BURNER <input type="checkbox"/> FLUE-GAS RECIRCULATION <input type="checkbox"/> FLY-ASH REINJECTION <input type="checkbox"/> CYCLONE <input type="checkbox"/> MULTI-CLONE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> VENTURI SCRUBBER <input type="checkbox"/> SECONDARY COMBUSTION CHAMBER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> LOW NOX BURNER <input type="checkbox"/> FLUE-GAS RECIRCULATION <input type="checkbox"/> FLY-ASH REINJECTION <input type="checkbox"/> CYCLONE <input type="checkbox"/> MULTI-CLONE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> VENTURI SCRUBBER <input type="checkbox"/> SECONDARY COMBUSTION CHAMBER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> LOW NOX BURNER <input type="checkbox"/> FLUE-GAS RECIRCULATION <input type="checkbox"/> FLY-ASH REINJECTION <input type="checkbox"/> CYCLONE <input type="checkbox"/> MULTI-CLONE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> VENTURI SCRUBBER <input type="checkbox"/> SECONDARY COMBUSTION CHAMBER <input type="checkbox"/> OTHER <input type="checkbox"/> NONE
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 _____