



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Form AR504 - Rev. 10/11

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
Records Control (718) 595 - 3855

Application for Registration
Internal Combustion Fuel Burning Equipment - Form AR 504

PLEASE RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS.

I applied: Place: \_\_\_\_\_

Date: \_\_\_\_\_

Assistance in completing this form may be obtained from the Bureau of Environmental Compliance, Air/Noise Permitting, Enforcement and Policy Unit (Telephone 718-595-3786).

YOU MUST FILL OUT THESE FORMS COMPLETELY.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

WHAT TO SUBMIT WITH THESE FORMS:

- 1. Fee. Check or Money Order made payable to New York City Department of Environmental Protection

WHERE TO SUBMIT THESE FORMS:

Please complete and submit this form in person or by mail to NYC Department of Environmental Protection, Bureau of Environmental Compliance, 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373.

BUSINESS OWNER / REPRESENTATIVE INFORMATION:

Applications must be filed / signed by the owner of the equipment. If the applicant is a partnership or group other than a corporation, the application must be made by one individual who is a member of the group. If the applicant is a corporation, the application must be made by an officer of the corporation. NAICS Code refers to the North American Industry Classification System; please visit http://www.census.gov/eos/www/naics/ to find the NAICS Code that applies to your business.

PREMISE INFORMATION:

This is the address where the Internal Combustion Fuel Burning Equipment is located / stored. Fill out the "Building Owner's" information if the business owner and building owner (where the equipment is located) is not the same person.

EQUIPMENT MAKE AND MODEL:

Name of manufacturer and model number. This is usually found on the name plate.

FUEL TYPE:

Indicate the fuel type used in the equipment you are registering (#2, Biodiesel, Natural Gas only). In addition, if the fuel type your equipment uses is a customized blend, please enter the TOTAL percent of Biodiesel. Note: After October 1, 2011, the purchase, sale, offer for sale, or transportation of, fuel oil grades #2, #4 and #6, should contain no less than two percent biodiesel.

SERIAL #:

Equipment Serial Number; usually found on the name plate.

MAXIMUM FUEL DELIVERY RATE:

Indicate the maximum rate of fuel delivery in either gallons per hour (GPH) or cubic feet per hour (CFH).

KW RATING (IF APPLICABLE):

Equipment KW Rating.

HORSEPOWER:

Equipment Horsepower, usually found on the name plate.

GROSS INPUT (BTU/HOUR):

Equipment Gross Input (BTU/Hour); usually found on the name plate.

PRIMARY USE:

Indicate the primary use of the generator: Portable, Emergency, Stationary.

NOISE CONTROL:

Please identify the noise control device that will be used with this equipment (i.e. muffler, etc.).

FEES:

Fees are based on the Gross Input Rating (BTU Per Hour).

Table with 4 columns: Gross Input Rating (BTU/HR), Fee, Gross Input Rating (BTU/HR), Fee. Rows include ranges from 350,000 to less than 1,000,000 BTU/HR up to 140,000,000 BTU/HR or greater.

\$125 for each additional 10 Million BTU/HR or fraction thereof. (If fee exempt, please submit NYC Finance Department Property Tax Exempt Certificate)



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## Application for Registration Internal Combustion Fuel Burning Equipment - Form AR 504

<b>BUSINESS INFORMATION</b>	Full Business Name / If individual then Owner's Name		NAICS Code	Business Representative / Agent's Name		Telephone	
	Business' Address / Owner's Address			Telephone	Business Representative / Agent's Address		
	City / Borough	State	Zip Code	City / Borough	State	Zip Code	
	<b>Select type of ownership:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			<b>Title:</b> <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Partner <input type="checkbox"/> Secretary <input type="checkbox"/> Other: _____			

<b>PREMISE INFORMATION</b> <small>(Location where equipment is located / stored)</small>	Building Owner's Name			Owner's Telephone		Date	
	Building Owner's Address			Borough / City	State	Zip	
	PREMISE HOUSE NUMBER	PREMISE STREET NAME		PREMISE NAME (IF ANY)		BOROUGH	ZIP
	Floor	Room Number (if any)	BIN	Block	Lot	Number of apartments	Total Square Feet of floor area

**Equipment Information:**

Manufacturer:	Model #:		Serial #:	
Fuel Type:	Maximum Fuel Delivery Rate:		or	
		<small>Gallons Per Hour</small>		<small>Cubic Feet Per Hour</small>
KW Rating:	Horsepower:		Gross Input:	
<small>(If Applicable)</small>		<small>BTU Per Hour</small>		
Primary Use:	Noise Control:			
Average Use:	<small>Hours / Day</small>	<small>Day / Week</small>	<small>Weeks / Year</small>	

"I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief and that the equipment will be operated in accordance with the requirements of the Air Pollution Control Code, Chapter 1 of Title 24, New York City Administrative Code, and appropriate requirements of other agencies. I recognize that false statements are punishable as a misdemeanor pursuant to Section 24-190 of the Air Pollution Control Code and Section 210.45 of the Penal Law."

\_\_\_\_\_  
 Owner /  Representative / Agent Signature      Date

\_\_\_\_\_  
 Print Name

### FOR DEPARTMENT USE ONLY

Registration #:	<input type="checkbox"/> PA	<input type="checkbox"/> PB	
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	

Review Date:	
Expiration Date:	