



**THE CITY OF NEW YORK**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
 Bureau of Environmental Compliance  
 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373-5108  
 Records Control (718) 595-3855

**APPLICATION FOR REGISTRATION - Form AR 504**  
**INTERNAL COMBUSTION FUEL BURNING EQUIPMENT**  
**POST COPY OF THIS REGISTRATION NEAR EQUIPMENT**

**Owner**

**Agent**

Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone Number:			Phone Number:		

**Equipment**

Equipment Location:			
Street Address	Floor Number	Zip	Borough

**MANUFACTURER:** \_\_\_\_\_ **MODEL #:** \_\_\_\_\_ **SERIAL #:** \_\_\_\_\_

**FUEL TYPE:** \_\_\_\_\_ **MAXIMUM FUEL DELIVERY RATE:** \_\_\_\_\_ **OR** \_\_\_\_\_  
 (GALLONS PER HOUR) (CUBIC FEET PER HOUR)

**KW RATING:** \_\_\_\_\_ **HORSEPOWER:** \_\_\_\_\_ **GROSS INPUT:** \_\_\_\_\_  
 (IF APPLICABLE) (BTU / HOUR)

**PRIMARY USE:** \_\_\_\_\_ **NOISE CONTROL:** \_\_\_\_\_

**AVERAGE USE:** \_\_\_\_\_ **HOURS/DAY** \_\_\_\_\_ **DAYS/WEEK** \_\_\_\_\_ **WEEKS/YEAR** \_\_\_\_\_

"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/AGENT NAME** **ADDRESS**

\_\_\_\_\_  
**OWNER/AGENT SIGNATURE** **TELEPHONE** **DATE**

**FOR DEPARTMENT USE ONLY**

Your application for an installation, alteration or renewal for Registration has been

<b>REGISTRATION #:</b>	
<b>APPROVED:</b>	
<b>DISAPPROVED:</b>	

<b>REVIEW DATE:</b>	
<b>EXPIRATION DATE:</b>	
<b>FEE PAID:</b>	

*Raphael A. Hodge, P.E.*

**Raphael A. Hodge, P.E.**  
**Director of Engineering**