

General Registration – Char Boilers and Solid Fuel Burning Equipment
All Information must be Filled in English


- Login to DEP online CATS: www.nyc.gov/dep/cats
- After Login, select the bottom left button “**Industrial Registrations**”
- You will be directed to the “**My Requests**” menu tab

For Registration of new equipment:

- Click on the dropdown menu for “**Select Request Type**” as “**Registration – General Process**”.
- Click the “**Create**” button.
- Complete the information in each field. Mandatory fields on the request form are marked with an asterisk. (i.e., Owner’s Email Address).
- Review all the information.
- Under “**Fee Information**”: Select “**Yes**” or “**No**” for both “**Is it a government owned property?**” and “**Fee Waiver**” status.
 - If you’ve selected “**Yes**”, **select the government agency and provide proof**. Upload document(s) from the “**My Requests**” tab.
- Once completed, **click both** the “**Certification Checkbox**” and the “**Save**” or “**Save & Submit**” button.


For Registration Renewal: (Submit within 180 days of the expiration date)

- Click on the dropdown menu for “**Select Request Type**” as “**Registration – Renewal**”.
- Click the “**Create**” button.
- For Renewals - Enter the application ID/Installation ID (e.g., PB000112 without the ending Alphabet)
- Click the “**Continue**” button.
- Complete the information in each field. Mandatory fields on the request form are marked with an asterisk. (i.e., Owner’s Email Address).
- Review all the information.
- Under “**Fee Information**”: Select “**Yes**” or “**No**” for both “**Is it a government owned property?**” and “**Fee Waiver**” status.
 - If you’ve selected “**Yes**”, **select the government agency and provide proof**. Upload document(s) from the “**My Requests**” tab.
- Once completed, **click both** the “**Certification Checkbox**” and the “**Save**” or “**Save & Submit**” button.

To attach documents (PDF only), accessible from the “**My Requests**” menu: 

- Locate the application number/request ID. Click the PDF icon to attach a file.
- Click “**Add Attachment**” (Only PDF files with a filename that is less than 40 characters including spaces can be uploaded.)
- Once the documents are attached, click the “**My Requests**” tab on top left corner.

Submit Application and Payment, accessible from the “**My Requests**” menu:

- Click the “**Submit**” icon (*last icon in the list with a green forward arrow*). 
Proceed with processing the payment. Detailed steps for payment are provided in the [CATS Payment](#) document.
- The applicant & owner will receive an automated email upon successful submission.

For assistance, please call 718-595-3855 or email us at Catsfeedback@dep.nyc.gov



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev. 04/2022

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
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Industrial Registration - Applicability

- Commercial Char Broilers - All commercial char broilers must submit a Registration and pay a fee of \$110. Char broilers that cook more than 875 pounds of meat per week at the same facility must be equipped with an emissions control device that meets the requirements of the Rule.

Note: Please select **Charbroiler** under Equipment Information (4A) in the Registration form.

1. The business must record the amount of meat purchased and processed per month, maintain the emission control, and note any control equipment malfunctions. Records are to be furnished to DEP on request.
2. Chain Driven Char Broiler Emission Control: DEP has determined that the emission control devices for chain driven broilers that meet the requirements set forth in 15 RCNY 37-06(a) include the South Coast Air Quality Management District (SCAQMD) certified Char Broilers with integrated catalysts. Link to SCAQMD list: [charbroilerscatalysts.pdf \(aqmd.gov\)](#)
3. Underfired control: Applicant must provide test data as set forth in 15 RCNY 15 RCNY 37-06 (b). Any emissions control device installed and/or operated under this rule must comply with Section FC 609.4.1 of the New York City Fire Code. Systems must be cleaned by a person holding a FDNY Certificate of Fitness P-64 Commercial Kitchen Exhaust & Precipitator Cleaning Technician. The list of DEP Certified Emission Control for Commercial Under-Fired Broilers: [approved-under-fired-technology.pdf \(nyc.gov\)](#)

If the applicant chooses to install a non-certified control device, applicants must submit test data as set forth in 15 RCNY 37-06(a).

- Solid Fuel Burning Equipment (Cook Stoves)- If the cooking device primarily uses coal, wood or other solid fuel for onsite consumption at a food establishment, then you must submit a Registration with the DEP and pay a fee of \$110. (Charcoal is not classified as solid fuel and should be filed under CharBroiler, if applicable.) The cooking device must operate with a DEP certified emission control device for commercial cook stoves as per § 24.149.5(b). The list of certified Emission Control for cook Stoves: [Approved-Cook-Stove-Technology_05-26-2021.xlsx \(nyc.gov\)](#) .

Note: Please select **Solid Fuel Burning Equipment** under Equipment Information (4A) in the Registration form.

If the applicant chooses to install a non-certified control device, applicants must submit test data as set forth in 15 RCNY 38-02(c)(1).

- **A DEP Inspection for Smoke and Odor Emission Control will be scheduled after the owner/ representative submits the online General Registration Form.**



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Industrial Certification of Control Devices

Based on 15 RCNY §37-06, and §38-02 the protocol to certify control devices includes:

- Char Broiler Certification
 - Fill out form [THE CITY OF NEW YORK \(nyc.gov\)](http://www.nyc.gov)
 - Chain Driven:
 - A report from a laboratory that conducted emission testing (EPA Method 5) that followed ASTM F 2239-10 specifications along with additional specifications on 15 RCNY §37-06 (a) (i) a-c.
 - Statement that testing was done in accordance with 15 RCNY §37-06
 - Description of Emission Control Device
 - Name/ Address of manufacturer, brand name, trade name, model number, any accoutrements installed to enhance operation of control, max air flow rate, and operating conditions during testing
 - Under Fired:
 - A report from a laboratory that conducted emission testing (EPA Method 5) that followed ASTM F 1695-03 specifications along with additional specifications on 15 RCNY §37-06 (b) (i) a-f.
 - Statement that testing was done in accordance with 15 RCNY §37-06
 - Description of Emission Control Device
 - Name/ Address of manufacturer, brand name, trade name, model number, any accoutrements installed to enhance operation of control, max air flow rate, and operating conditions during testing
- Solid Fuel Cook Stove Certification
 - Fill out form [THE CITY OF NEW YORK \(nyc.gov\)](http://www.nyc.gov)
 - A report from a laboratory that conducted emission testing (EPA Method 5) that follows procedure outlined in 15 RCNY §38-02 (c)
 - Statement that testing was done in accordance with 15 RCNY §38-02
 - Description of Emission Control Device
 - Name/ Address of manufacturer, brand name, trade name, model number, any additional equipment installed to enhance operation of control, max air flow rate, and operating conditions during testing



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Example of Char Broiler Certification Form



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Commercial Char Broilers 092017

PRINT

COMMERCIAL CHAR BROILER
CERTIFICATION

A SUMMARY OF TEST RESULTS SHALL BE SUBMITTED ALONG WITH THIS CERTIFICATION FORM

Manufacturer Name:
Manufacturer Representative Name & Title:
Address:
Email:
City / Town / Borough: State Zip Manufacturer's Website: Phone:

COMMERCIAL CHAR BROILER EMISSIONS CONTROL DEVICE DESCRIPTION

BRAND NAME:
TRADE NAME:
MODEL NUMBER:
ANY ACCESSORIES INSTALLED TO ENHANCE OR SUPPORT THE OPERATION OF THE EMISSIONS CONTROL DEVICE:
MAXIMUM AIR FLOW RATE:
EMISSIONS CONTROL DEVICE USED:
ASTM METHOD USED:
EPA METHOD USED:

I hereby certified that testing of this commercial char broiler has been conducted in accordance with the requirements set forth in Section 24-149.4 of the Administrative Code of the City of New York and 15 RCNY Sections 37-02 and 37-06.

SIGNATURE PRINT NAME DATE

FOR DEPARTMENT USE ONLY

Certification #:
REMARKS:
REVIEWER'S USE ONLY
Review Date: ID & Initials: Issuance Date:

FOR INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www.nyc.gov/dep or call 311

FOR GENERAL INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www1.nyc.gov/dep or call 311



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Business Information *

Business / Owner Information

- 1A. Name: ? *
- 1B. NAICS Code: ?
- 1C. House No.: ? *
- 1C. Street: ? *
- 1D. Floor/ Suite No.(If any): ?
- 1E. Borough/ City: ? *
- 1F. State: ? *
- 1G. Zip Code: ? *
- 1H. Telephone: ? *
- 1I. Fax: ?
- 1J. Owner's Email Address: ? *

Representative / Agent's Information

- 1K. Name: ? *
- 1L. House No.: ? *
- 1L. Street: ? *
- 1M. Floor/ Suite No.(If any): ?
- 1N. Borough/ City: ? *
- 1O. State: ? *
- 1P. Zip Code: ? *
- 1Q. Telephone: ? *
- 1R. Fax: ?
- 1S. Email Address: ? *



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Premise Information *

Owner Information

2A. Name: [input] ?

2B. House No.: [input] ?

2B. Street: [input] ?

2C. Floor/ Suite No.(If any): [input] ?

2D. Borough/ City: [input] ?

2E. State: [input] ?

2F. Zip Code: [input] ?

2G. Telephone: [input] ?

2H. Fax: [input] ?

2I. Email Address: [input] ?

2J. Premises Name (If any): [input] ?

2K. House No.: [input] ? *

2K. Street: [input] ? *

2L. Floor/ Suite No.(If any): [input] ?

2M. Borough: N/A [dropdown] ? *

2N. State: NY [input] ?

2O. Zip Code: [input] ? *

2P. Equipment Location: [input] ? *

2Q. Block: [input] ?

2R. Lot: [input] ?

2S. Building Identification Number (BIN): [input] ?

2T. Is this application a replacement for equipment presently registered?: Yes No ? *

2U. If YES, please provide the installation number of the equipment it is replacing: PA/PB/PG#: [input] ?

Fee Information

Is it a government owned property?: Yes No ?

Fee Waiver: Yes No ?

Equipment Information *

4A. Type Of Process: Select [dropdown] ? *



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Emission Control *

- 4B. Contaminants : PM, CO, NOx, Other

4C. Does this equipment have an emission control? : Yes No

4D. Is the control part of the equipment? : Yes No

- 4E. Emission Control(s) : Filter, Scrubber, Catalytic Oxidizer, Carbon Adsorber, Bag House, Cyclone, Electrostatic Precipitator, Other

4F. Description of Control Device(s) : [Text input field]

4G. Control or Fan Information * At least 1 required.

Table with 4 columns: Control or Fan Manufacturer, Control or Fan Model Number, Number of Units, ACFM/Unit

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4H. Stack Exhaust Location : Select *

4I. Stack Height (Feet) : [Input field] ?

4J. Total number of Units : [Input field] ? *

4K. Total ACFM/Unit : [Input field] ? *

4L. Exit Temperature (degree F) : [Input field] *



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Process Equipment *

5A. Material being processed: *

5B. Process Equipment Information (?) * At least 1 required.

Manufacturer	Model Number	Number Of units	Equipment Description
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5C. Hours/Day: *

5D. Operational Days/Year: *

5E. Process description/ additional information: (?) *

Charbroiler

6A. Charbroiler Type: ▼

6B. Pounds meat cooked per week:

6C. Date of emission control installation:

6D. Is the emission control a Certified Control Device?: Yes No

Solid Fuel Burning Equipment

8A. Oven Volume (Cubic Feet):

8B. Natural gas startup?: Yes No

8C. Natural gas MMBtu/hr:

8D. Natural gas startup duration (Hours/ day):

8E. Solid Fuel Information

Fuel	Value	Unit per day
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8F. Date of emission control installation:

8G. Is the emission control a Certified Control Device?: Yes No



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Instructions for Completing Form

Cell #	Form Field Name	Help Text
1A	Name	Business Owner name.
1B	NAICS Code	Business classification 6 digit code.
1C	Business Owner Location	Complete address of business or owner filing for registration
1C	House No.	Do not insert any floor no./suite no.
1C	Street Address	Do not abbreviate street address.
1D	Floor/Suite	If no floor, indicate none
1D	Borough	Indicate borough
1E	State	Enter the State (NY).
1G	Zip Code	Zip code as seen from DOB for address entered above
1H	Telephone	Enter the primary phone number of the business
1I	Fax	Fax number of the business
1J	Owner's Email Address	Email address of business owner to facilitate future correspondences and send out renewal reminders.
1K	Owner's Representative or Agent's Name	Full legal name of representative or agent of premise.
1L	House No	Do not insert any floor no./suite no.
1L	Street Address	Do not abbreviate street address.
1M	Floor/Suite	If no floor, indicate none
1N	City/ borough	Enter the borough or city if outside NY.
1O	State	Enter the State (NY).
1P	Zip Code	
1Q	Telephone	Enter the primary phone number of the representative.
1R	Fax	Fax number of the representative.
1S	Email-Address	Email address of representative or agent to facilitate future correspondences and send out renewal reminders.
1T	Ownership Type	Select from drop down menu.
1U	Title	Select from drop down menu.
2A	Owner's Name	Full legal name of owner of premise.
2B	Owner's Address	Owner's complete mailing address.
2B	House No.	Do not insert any floor no./suite no.
2B	Street Address	Do not abbreviate street address.
2C	Floor/Suite	If no floor, indicate none
2D	Borough / City	Enter the borough or city if outside NY.
2E	State	Enter the State (NY).
2F	Zip Code	
2G	Telephone	Enter the primary phone number of the Owner.
2H	Fax	Fax number of the Owner.
2I	Owner's Email Address	Email address of owner to facilitate future correspondences and send out renewal reminders.



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2J	Premise Name (if any)	If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists, indicate "none".
2K	House No	Do not insert any floor no./suite no.
2K	Street	Do not abbreviate street address.
2L	Floor/ Suite	If no floor, indicate none
2M	Borough	Select from dropdown menu
2N	State	Enter the State (NY).
2O	Zip Code	Zip code as seen from DOB for address entered above
2P	Equipment Location	Input location of equipment in building
2Q	Block	Block number as seen from DOB for address entered above
2R	Lot	Lot number as seen from DOB for address entered above
2S	Building Identification Number (BIN)	If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same.
2T	Is this application a replacement for equipment presently registered?	Select "YES" if equipment is a replacement for equipment that is currently certified. Select "NO" if the equipment is not a replacement.
2U	If Yes, please provide installation number of equipment it is replacing	If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. <i>(Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable.)</i>
3A	Is it government owned Property	If the premise where the equipment is located is city, state or federally owned as per the Department of Finance, then select "YES" and input Agency name.
3B	Fee Waiver	If Fee is to be waived, mention detailed fee waiver reason.
4A	Type of Process	Select from the drop down menu either Solid Fuel Burning equipment (for equipment that use wood, coal or other solid fuel) or Char Broiler(for equipment that use charcoal).
4B	Contaminants	Select all that apply that are controlled
4C	Does this equipment have an emissions control?	Select yes or no
4D	Is the control part of the equipment?	Select yes or no
4E	Emission Controls	Select all that apply. If an emission control is not state, select other and describe emission control.
4F	Descriptions of Control Devices	Provide a clear and concise description of control device
4G	Control/ Fan information	For each different control or fan, input the Manufacturer, Model Number, Number of units, and ACFM/unit
4H	Stack Exhaust Location	Select from drop down menu
4I	Stack Height (ft)	Height of equipment to exhaust point in feet
4J	Total Number of Units	Input amount of emission control devices
4K	Total ACFM/Unit	Actual cubic feet per minute of each device/ fan



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4L	Exit Temperature (degree F)	Temperature from stack
5A	Material being processed	Material equipment is used for
5B	Process equipment information	For each equipment input the Manufacturer, Model, number of Units, and concise equipment description
5C	Hours/Day	Input amount of hours per day equipment is operational
5D	Operational Days /yr	Input amount of days per year equipment is operational
5E	Process description/additional information	Input any additional information that was not specified from previous fields. Include fuel used. Amount of lbs of fuel used per week.
6A	Char broiler Type	Select from dropdown menu
6B	Pounds of meat cooked per week	Amount of meat cooked. If over 875 lbs, emission control is required to operate.
6C	Date of emission control installation	Date of installation
6D	Is this emissions control a certified control device?	Determine if emission control is approved-under-fired-technology.pdf (nyc.gov)
8A	Oven Volume (cubic feet)	Input volume in cubic feet
8B	Natural Gas Startup	Is natural gas used to start up the oven? Select yes or no
8C	Natural Gas MMBTU/hr	If yes, determine MMBTU/hr of natural gas used for startup
8D	Natural Gas startup duration	If yes, determine duration of natural gas startup in hrs/day
8E	Solid Fuel Information	For each solid fuel device input the Fuel used, the Value, Unit per Day.
8F	Date of emission control installation	Date of installation
8G	Is the emission control a certified control device?	Determine if emission control is Approved-Cook-Stove-Technology_05-26-2021.xlsx (nyc.gov)