

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Energy and Environment

**RENEWAL APPLICATION FOR COVERAGE OF AN EMERGENCY ENGINE  
SUBJECT TO A SOURCE CATEGORY PERMIT**

*Instructions:*

- *Please complete a separate copy of this form for each covered engine or generator.*
- *This application is a shortened form for equipment previously approved for coverage by a source category permit, where the source category permit has been renewed or amended, and therefore renewed approval of coverage is required. Separate application forms are available for equipment to be covered for the first time.*
- *If you have questions, please contact the Air Quality Division (AQD) at (202) 535-2250.*

**I. Applicability**

1. Check the source category permit under which you are applying for coverage:
  - Permit 7043-SC-R1 for operation of a stationary natural gas-fired emergency engine subject to NSPS Subpart JJJJ; or
  - Permit 7048-SC-R1 for operation of a stationary diesel-fired emergency engine subject to NSPS Subpart IIII.
2. List the approval number found on your most recently received approval letter for this equipment:  
  
\_\_\_\_\_
3. Please attach a copy of your most recently received approval letter for this equipment to this application.
4. Please check the following box to certify that you have reviewed the source category permit under which you are applying for coverage and are both able to and intend to comply with its requirements: I so certify:

If you have questions about your eligibility or how to complete this application, please contact AQD at (202) 535-2250.

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**II. Facility and Applicant Information**

1. \_\_\_\_\_  
Full Legal Name of Applicant/Organization
2. \_\_\_\_\_  
Type of Organization
3. \_\_\_\_\_  
Name of Owner(s) or Principal Partner(s) of Above Organization
4. \_\_\_\_\_  
Mailing Address of Applicant (No., Street, City, State, Zip)
5. \_\_\_\_\_  
Street Address of Facility (if different from Mailing Address)
6. Owner/Responsible Official Name: \_\_\_\_\_  
Owner/Responsible Official Title: \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Contact Person: \_\_\_\_\_  
Contact Person Title: \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**III. General Equipment Information**

1. Equipment Name/Identification: \_\_\_\_\_
2. Fuel type: \_\_\_\_\_
3. Is the engine used in a load response program or for peak shaving? Yes  No   
*Note: If the unit is to be used in a load response program or for peak shaving, it is not eligible for coverage by a source category permit. Please contact AQD at (202) 535-2250 with any questions.*
4. Rated generator electrical output: \_\_\_\_\_ kW/kWe  
*Note: Enter n/a if your engine is not associated with a generator*
5. Maximum engine power: \_\_\_\_\_  HP or  kWm (choose units) @ \_\_\_\_\_ RPM

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6. Has the equipment or its operational purpose been modified since submittal of the previous source category application for this unit? Yes  No

If so, please specify how:

7. Have there been any other changes since the last application that you believe might be relevant to review of this application? Yes  No

If so, please describe:

**IV. Notes and Required Attachments**

1. Please attach a copy of the EPA Certificate of Conformity applicable to the unit.
2. Please attach a copy the previous source category permit coverage approval letter issued for this unit.
3. Please attach any other supporting documentation you feel would assist the AQD in its review of this application.
4. Deviations from submitted plans and specifications are not permissible without securing formal approval from AQD via an application update request and re-approval, if already approved. If an application update is submitted, the 45 day passive approval period will re-set as of the date of submission of the revised application.
5. The complete application and applicable supporting documentation must be submitted to the following address:

Branch Chief, Air Quality Permitting Branch  
Department of Energy and Environment  
1200 First Street NE, 5th Floor  
Washington DC 20002

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**V. Applicant Certification:**

I hereby certify, under penalty of D.C. Official Code § 8-101.05e, that I am authorized to submit this application on behalf of the applicant and that the statements contained herein are true and correct to the best of my knowledge. I further certify that all attached information and previously submitted information referenced in this application remains true, correct, and current, to the best of my knowledge.

Authorized Signature:

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Owner/Responsible Official Signature	Print Name and Title	Date
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Mailing Address of Owner/Responsible Official if Different From II.4 above

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General.  
Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov)