



**EASTERN KERN AIR POLLUTION CONTROL DISTRICT**

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370

PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://www.kernair.org)

**GASOLINE DISPENSING FACILITY  
REPORTING FORM**

In accordance with District Rules and Regulations and California Health and Safety Code (CH&SC) the Eastern Kern Air Pollution Control District is requesting the **amount of gasoline (in gallons) dispensed at your facility during the past year (01/01/2017 - 12/31/2017).**

*Complete this form in the spaces provided below, and **return** with Permit to Operate Renewal payment.*

***Completion of this form is mandatory.** ALSO: Keep a copy of this form with your on-site copy of your vapor test report in blue binder provided by the Eastern Kern Air Pollution Control District.*

**Facility Name:** \_\_\_\_\_

**Permit No(s):** \_\_\_\_\_

**Facility Location:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Facility Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

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**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Gasoline Dispensed 2017:** \_\_\_\_\_ **(gallons)**

*(Total of all grades, No diesel)*

Please return this completed form with your permit payment.

Comments:	Validation (for EKAPCD use)	DATE RECEIVED