



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

**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 calendar year 20__**.

*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: _____

Billing Address: _____

Company Contact: _____

Phone Number: _____

E-Mail Address: _____

Gasoline Dispensed 20__: _____ **(gallons)**

(Total of all grades, No diesel)

Please return this completed form with your permit payment.

Comments:	Validation (for EKAPCD use)	DATE RECEIVED