

**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**CARL MOYER ANNUAL REPORT FORM****Please return completed form within 30 days of receipt****1. Grantee Information**

Agreement Number:	Business/Organization Name:	
Contact Name:	Phone No:	
Mailing Address:	City:	Zip:

2. Vehicle/Equipment Information (complete all that apply)

Address vehicle/equipment/engine is located:		City:	Zip:
Section:	Township:	Range:	
Miles traveled or hours operated Jan. 1 to Dec. 31 of previous year:			Miles Hours
Percent operated in California:		Percent operated in EKAPCD:	
List any maintenance performed:			

3. Significant changes in usage

Identify any conditions that significantly affected usage:

4. Comments

☞ Please attach a copy of proof of insurance for the engine/vehicle/equipment/electric motor

Print Name: _____ Signature: _____ Date: _____

DATE RECEIVED**Validation (for EKAPCD use)**