



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 FACILITIES
 TEST PROCEDURE PROTOCOL NOTIFICATION**

Contractor Information			
Contractor/Company Name:			Contractor Phone:
Contractor Mailing Address:		Contractor Email Address:	
City:	State:	Zip:	Fax No:
Contact Name:	Contact Email:		Contact Phone:
Technician's Name:	List Certification(s) and Type:		Technician's Phone:

Site One ATC Startup Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Name:		Site Address:	
Test Date:	Test Time:	ATC/PTO Number:	Test Procedures:

Site Two ATC Startup Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Name:		Site Address:	
Test Date:	Test Time:	ATC/PTO Number:	Test Procedures:

Site Three ATC Startup Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Name:		Site Address:	
Test Date:	Test Time:	ATC/PTO Number:	Test Procedures:

Site Four ATC Startup Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Name:		Site Address:	
Test Date:	Test Time:	ATC/PTO Number:	Test Procedures:

Notification Date: _____

Comments:	DATE RECEIVED
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INSTRUCTIONS FOR GASOLINE DISPENSING FACILITIES TEST PROCEDURE PROTOCOL NOTIFICATION FORM

Contractor Information Instructions

- **Contractor/Company Name:** This is the name of the business, company, or contractor that will be performing the test procedures.
- **Contractor Mailing Address:** Business, company, or contractor that will be performing the test procedures mailing address.
- **Contractor Email Address:** Primary email address of the business, company, or contractor.
- **Contact Name:** Primary contact person's name of the business, company, or contractor that will be performing the test procedures (this person may be the contractor).
- **Contact Email:** Contact person's email address (this may be the same as Contractor email address).
- **Contact Phone:** Contact person's phone number.
- **Technician's Name:** Name of the technician performing the tests procedures (this may be the contractor/contact person).
- **List Certification(s) and Type:** List all appropriate certifications, including the level of certification, that apply to the specific tests.
- **Technician's Phone:** Contact phone number of the technician performing the test procedures.

Site Box Instructions

- **ATC Startup Inspection:** Check Yes if this is an ATC Startup Inspection check No if it is not.
- **Site Name:** Name of the gas dispensing facility that is being tested.
- **Site Address:** Address of the gas dispensing facility being tested.
- **Test Date:** The date the test procedures are conducted.
- **Test time:** The approximate time that the test procedures are conducted.
- **ATC/PTO Number:** ATC/PTO number of the gas dispensing facility being tested.
- **Test Procedure:** List the executive order number(s) of the tests being conducted.
- **Notification Date:** This is the date that the Gasoline Dispensing Facilities Test Procedure Protocol Notification Form is being submitted to the Kern County Air Pollution Control District.