



AIR POLLUTION CONTROL DISTRICT

APPLICATION FOR AN AGRICULTURAL BURNING EMISSION REDUCTION CREDIT CERTIFICATE

Burn Permit # _____

APPLICANT

Print Name

Address

Phone Number

LANDOWNER

Print Name

Address

Phone Number

AUTHORIZED DESIGNEE

Print Name

Address

Phone Number

ERCs are requested to be issued in the following name(s)

Print Name

Address

Phone Number

DATE _____

APPLICANT SIGNATURE _____

The applicant acknowledges by signature that, fields covered by this ERC application will be placed on a no burn list maintained by the Air District.

FOR OFFICIAL USE ONLY

Application Fee due at time of submittal: No CASH please refer to Rule 308 Subsection A	
RECEIVED BY _____	RECEIPT # _____
DATE _____	AMOUNT PAID _____



AIR POLLUTION CONTROL DISTRICT

PARCEL IDENTIFICATION

Parcel ID	
Acres _____	
Gate & Canal	_____
Land Owner	_____
Crossroads	_____
Lessee/Grower	_____
Crop Type	_____
Dispositin of Crop	_____

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