

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

**Portable Equipment  
Registration Program**  
**Rule 12.1  
FORM 01XU**

**San Diego APCD Use Only**  
**APP/Reg. No.:**  
**I.D. No.:**

**APPLICATION FOR PORTABLE UNCONFINED ABRASIVE BLASTING REGISTRATION**

1. Company Name: \_\_\_\_\_
2. New Registration (Check One):      Operational                Non-Operational
3. Modification to Registration      Equivalent Replacement   Registration Number: \_\_\_\_\_  
*For any other equipment or registration modifications complete Form 1-B.*
4. Equipment Manufacturer: \_\_\_\_\_
5. Model: \_\_\_\_\_                                  Series: \_\_\_\_\_
6. Maximum Abrasive Flow Rate: \_\_\_\_\_          Serial Number: \_\_\_\_\_  
*If flowrate is unknown indicate nozzle diameter and pressure. \_\_\_\_\_*
7. Indicate General Use of Equipment; Include all Possible Operating Scenarios: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Indicate Normal Equipment Operating Schedule: \_\_\_\_\_
9. Abrasives Used:      Glass      Grit      Sand      Shot      Other \_\_\_\_\_  
                            Sand Type: \_\_\_\_\_                  Other: \_\_\_\_\_
10. Process Information: Percent of Time Wet Blasting Method is used: \_\_\_\_\_  
Other Abrasive Blasting Methods used: \_\_\_\_\_
11. Control Equipment Information:  
Are there any Particulate Control Measures being used?        Yes        No  
Control Equipment Description: \_\_\_\_\_  
Control Equipment Efficiency: \_\_\_\_\_

*Attach the manufacturer's specifications or engineering data to demonstrate the particulate control efficiency.*

**(Form 01XU)**

1. *Registration to be Issued To (Company Name)* - Legal name of entity, business, organization, agency or private individual that operates equipment.

2. *New Registration*

*Registration Operational* - Check this box if you intend to operate equipment when registered.

*Registration Non-operational* - Check this box if you will not operate the equipment but wish to have the equipment evaluated for compliance eligibility.

3. *Modification to Registration* - This form is for new registrations and equivalent replacements. If you want to modify equipment that has previously been registered and the modification is not an equivalent replacement, please use FORM 1-B, *Modification to an Existing Registration*.

*Equivalent Replacement* - Check this box if the existing equipment is being replaced by equivalent equipment.

(The APCD registration number of existing unit must be included.)

4. *Manufacturer* - for example: Simons, Rexnord, or your company name if built in-house.

5. *Model* - may be a series of numbers or letters or combinations of numbers and letters, for example 3612.

*Series* - will likely be an extension of the Model number such as AT.

6. *Maximum Abrasive Flow Rate* - Indicate the maximum rated throughput weight or quantity in pounds or tons per hour. If flow rate is unknown provide the nozzle diameters and pressure.

*Serial Number* - A unique, unit-specific number, usually on the equipment nameplate. The serial number is necessary to ensure that each piece of registered equipment can be uniquely identified and matched to its respective registration certificate number.

7. *Equipment Use Including all Operating Scenarios* - Explain how equipment is used, such as “unconfined blasting of metal parts prior to painting,” include multiple uses or operating scenarios. Please indicate if multiple nozzles are used simultaneously. If a pot is used describe it in full detail.

8. *Normal Equipment Operating Schedule* - The typical operating schedule for the equipment in hours per day, days per week, and weeks per year.

9. *Indication of Abrasives Used* - a list of the types of abrasives used, if “sand” or “other” is indicated the type must be listed. Note: all abrasives must be California Air Resources Board certified.

10. *Process Information:*

*Percent Wet Blasting* - an indication of the percentage of the time wet blasting is performed must be included.

*Other Abrasive Blasting Methods Used* - If other blasting methods are used, they must be listed.

11. *Control Equipment Information* - Particulate control equipment must be listed and described if they are in use. Indicate Yes or No if any particulate control measures are being used.

*Control Equipment Description* - Describe equipment used to control particulate emissions.

*Control Efficiencies* - List control efficiencies as a percentage of particulate controlled.

*Pressure Gauge* - The control equipment must be equipped with an operational pressure differential gauge.

*Operational Pressure Differential Gauge* - Fabric dust collectors must be equipped with an operational pressure differential gauge to measure the pressure drop across the filters. If you do not have a pressure gauge explain how filters are monitored. If fabric collectors are not used indicate N/A.