



OFF ROAD EQUIPMENT
REPLACEMENT PROGRAM
SALVAGE CERTIFICATION FORM

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Christopher D. Brown, AICP
Air Pollution Control Officer

PROJECT # _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

METHOD FOR DESTROYING OFF ROAD EQUIPMENT: _____

Participant to destroy equipment themselves and schedule an inspection with the District within 30 days of taking delivery of new equipment

Participant to surrender old equipment to pre-approve salvage yard.

Date surrendered: _____

PARTICIPANT SIGNATURE

DATE

SALVAGE YARD CERTIFICATION

EQUIPMENT TYPE: _____

EQUIPMENT MAKE: _____

EQUIPMENT MODEL: _____

EQUIPMENT SERIAL #: _____

ENGINE SERIAL #: _____

THE EQUIPMENT WAS DESTROYED ON: _____

SALVAGE YARD NAME

AUTHORIZED SIGNATURE

DATE