

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
AIR QUALITY MANAGEMENT DISTRICT

1855 PLACER STREET, SUITE 101, REDDING, CA 96001
VOICE (530)225-5674/FAX (530)225-5237

DIESEL ENGINE - TIMING CERTIFICATION FORM

FACILITY AND EQUIPMENT DESCRIPTION

(TO BE COMPLETED BY APPLICANT)

PERMIT #: _____

FACILITY NAME: _____

ADDRESS: _____

PHONE #: _____

EQUIPMENT DESCRIPTION: _____

EQUIPMENT LOCATION: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

CERTIFICATION

(TO BE COMPLETED BY MECHANIC)

1. ENGINE MANUFACTURER: _____

2. ENGINE MODEL #: _____ ENGINE SERIAL #: _____

3. ENGINE DISPLACEMENT: _____ HORSEPOWER RATING: _____

4. FOUR CYCLE _____ TWO CYCLE _____ LEAN BURN _____ RICH BURN _____

5. PRIMARY FUEL: _____ STANDBY FUEL: _____

6. MANUFACTURER'S RECOMMENDED IGNITION TIMING: _____ DEGREES

7. ACTUAL IGNITION TIMING BEFORE RETARDING: _____ DEGREES

8. ACTUAL IGNITION TIME AFTER RETARDING: _____ DEGREES

9. REPAIR SHOP NAME: _____ PHONE #: _____

MECHANIC'S NAME: _____ PHONE #: _____

MECHANIC'S SIGNATURE: _____

NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED TO THE SHASTA COUNTY AIR QUALITY MANAGEMENT DISTRICT PRIOR TO OPERATING THE ENGINE