San Joaquin Valley Unified Air Pollution Control District

CERTIFICATION OF AIR PERMITTING PROFESSIONAL (CAPP) APPLICATION

1990 East Gettysburg Avenue, Fresno, CA 93726-0244
(559) 230-6000 Fax (559) 230-6061

District Use Only

DATE STAMP

	Yes	No
1. I request to attend the mandatory two-day CAPP training course ($450 fee).		
2. I request to take the Certified Air Permitting Professional Examination (Applicant must complete the mandatory CAPP training course to be eligible to take the examination. The $450 fee covers the cost of the exam).		

3. I HAVE ENCLOSED PAYMENT OF $ _____ Check #: _____

4. NAME Last	First	Middle

5. MAILING ADDRESS	City	State	Zip Code

6. Phone: _____ Fax: _____

Email: _____

7. BIRTHDATE Month / Day / Year

_____

8. Do you hold an Engineer-in-Training certification? Yes: _____ No: _____

if answer is yes, indicate State: _____ Certificate No: _____ Date Issued: _____

9. Are you licensed as a Professional Engineer? Yes: _____ No: _____

if answer is yes, indicate State: _____ Certificate No: _____ Expiration date: _____

10. COLLEGE, UNIVERSITY AND GRADUATE STUDIES Name and Location of Institution	Attendance From	Attendance To	Graduation Date	Title of Degree Received

	Yes	No
11. Are certified by another air district in California? If yes, give name of District		
12. Have you ever had a certification suspended or Revoked? If yes, give a full explanation on a separate piece of paper.		

I declare each of the answers given on this application to be complete and true to the best of my knowledge. I understand that any misrepresentation or omission may be cause for disqualification. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting present and former employers.

SIGN HERE _____ **DATE** _____

SJVUAPCD
CAPP APPLICATION -- PERMITTING EXPERIENCE FORM

List the permit applications that you have prepared or assisted in preparing and that were submitted to an air permitting agency in California. These applications must have been deemed complete by the local air permitting agency. List one application per page. **Make copies of this page as needed.**

PERMIT APPLICATION WAS SUBMITTED TO THE FOLLOWING AIR PERMITTING AGENCY:

1. NAME OF AIR PERMITTING AGENCY	2. CONTACT PERSON (if known)	
3. Permit Application Number	4. Date Submitted	5. Date Deemed Complete

6. If an authority to construct was issued for this application, complete the following:

Permit # _____ Issued On _____

7. When I worked on this application I was employed with: A B C D E F G H
(Circle the letter that corresponds to the employer listed in the "Employment History" page of this application package).

PROJECT DESCRIPTION:

8. Give a brief description of the project (nature of the business and description of the process/equipment).

9. Describe the tasks you performed in preparing the application (e.g. emission calculations, evaluated control equipment, etc...).

10. Level of responsibility.

CAPP APPLICATION -- EMPLOYMENT HISTORY FORM

A

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

B

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

C

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

D

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

CAPP APPLICATION -- EMPLOYMENT HISTORY FORM

E

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

F

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

G

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

H

From: Month Year **To:** Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties: