

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
Air and Radiation Management Administration / Air Quality Permits Program  
1800 Washington Boulevard, STE 720 Baltimore, MD 21230-1720  
(410) 537-3230 • 1-800-633-6101 • [www.mde.state.md.us](http://www.mde.state.md.us)

Mail application to

**MDE/ARMA**

**1800 Washington Blvd, Suite 720  
Baltimore, MD 21230-1720**

*Don't forget to:*

- ✓ Sign the application
- ✓ Include the Public Service Commission CPCN Exemption
- ✓ Include vendor literature

Air Quality Permit to Construct & Registration Application for  
**EMERGENCY GENERATOR**

**1) Applicability**

You must check off all the following items to use this application form

- This generator is a dedicated emergency backup generator, and will not be used for peak or load shaving
- This generator is powered by an internal combustion engine, not a turbine
- This generator's engine is at least 500 brake horsepower (373 Kilowatts)
  - (Smaller engines do not need a permit)

You must check off one the following items to use this application form

- I have a CPCN Exemption from the Public Service Commission for this generator
  - (contact the Public Service Commission at 410.767.8131)
- This generator was installed before October 1, 2001 and I do not need a CPCN Exemption

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**2) Business/Institution/Facility where the emergency generator will be located**

Check if this is a federal facility

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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**3) Owner/Operator of the emergency generator (if different than above)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**4) Installer**

Check if installer is applying for permit. If checked, complete the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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**5) Generator & Engine Information**

Installation Date \_\_\_\_\_

Generator Unit Make & Model \_\_\_\_\_

Electrical KW Capacity \_\_\_\_\_ Number of Generators \_\_\_\_\_

Engine Manufacturer & Model \_\_\_\_\_

Engine Horsepower \_\_\_\_\_

Engine Manufacture Date \_\_\_\_\_

Fuel Type \_\_\_\_\_

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**6) Required Attachments**

(Check that they are attached)

- Vendor literature
- CPCN Exemption from the Public Service Commission
  - (Not needed for generators installed before October 1, 2001)

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**7) Workers Compensation** (Environmental article §1-202)

Workers insurance policy or binder number: \_\_\_\_\_

Check if self employed or otherwise exempt from this requirement

"I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION SUBMITTED IN THIS REQUEST FOR COVERAGE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."

**Owners Signature**

Printed Name & Title

Date

**LEAVE BLANK, MDE use only**

- Permit
- Registration (Less than 1,000 brake horsepower & installed prior to 11/24/03)

Permit/Registration Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AI: \_\_\_\_\_

Emissions

Stack \_\_\_\_\_

Fugitive \_\_\_\_\_  
SOx                      Nox                      CO                      VOC                      PM                      PM-10