



South Coast Air Quality
 Management District
 21865 East Copley Drive
 Diamond Bar, CA 91765
 (909) 396- 2000

New Street Sweeper Certification Request

FORM 1186 – A

Rule 1186 requires a description of the dust collection and dust suppression systems when seeking a certification request for a new street sweeper pursuant to paragraph subdivision (e). The following form has been prepared to assist street sweeper manufacturers in submitting a certification request. Please submit one completed form, along with the test report that documents that the sweeper achieved the minimum performance standards contained in paragraph (e)(2), for each new certification request.

MANUFACTURER INFORMATION	
Manufacturer Name:	
Manufacturer Address:	
Contact Person:	

SWEEPER INFORMATION	
Brand Name:	
Model Number:	

DESCRIPTION OF DUST COLLECTION SYSTEM	
Gutter Broom	
Material Composition:	
Bristle Count and Weight:	
Tensile Strength (PSI):	
Dimensions (Length, Thickness, and Width):	
Main/Pick Up Broom (if applicable)	
Material Composition and Pounds of Fiber per Broom:	
Tensile strength (PSI):	
Dimensions (Length, Thickness, and Width):	
Blower/Vacuum System (if applicable)	
Air Flow (CFM):	
Horsepower:	
Drive Type:	

Attach additional information as necessary.



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DESCRIPTION OF DUST SUPPRESSION SYSTEM

Water Suppression (if applicable)	<i>Attach a schematic drawing showing water nozzle locations and corresponding orifice diameters</i>
Minimum system relief valve setting for water pump (expressed as PSI):	
Filter-Based Suppression	
Filter Media Type and Surface Area:	
Filtration Cleansing System, including mechanism and frequency:	

Attach additional information as necessary.

SIGNATURES

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:	TITLE OF RESPONSIBLE OFFICIAL OF FIRM:	
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER:	DATE Signed:
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:	TITLE OF PREPARER:	
TYPE OR PRINT NAME OF PREPARER:	PREPARER'S TELEPHONE NUMBER:	DATE Signed: