



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

Existing Certified Street Sweeper Data Request FORM 1186 – B

Amended Rule 1186 requires manufacturers of certified street sweepers to submit to the AQMD Executive Officer a description of the dust collection and dust suppression systems **no later than November 11, 2008**. This form has been prepared to assist street sweeper manufacturers in submitting the information required under Rule 1186. Please submit one completed form, and any necessary supplemental information, for each street sweeper that is currently Rule 1186-certified.

MANUFACTURER INFORMATION	
Manufacturer Name:	
Manufacturer Address:	
Date of Sweeper Testing or Date Certification Issued:	

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/Diameter):	
Blower/Vacuum System (if applicable)	
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 including photographs 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: