



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

**Change to Certified Street Sweeper  
 Dust Collection or Dust Suppression  
 Part or Parts Supplier**

**FORM 1186 – C**

Rule 1186 requires any manufacturer of a certified street sweeper to notify the AQMD prior to any change to a certified street sweeper dust collection or dust suppression part or parts supplier. The following form has been prepared to assist street sweeper manufacturers in submitting the information required under Rule 1186. Please submit one completed form for each change of a certified street sweeper dust collection or dust suppression part or part supplier and submit the necessary information for the Executive Officer to ensure that such change will not adversely affect the sweeper performance. This form must be submitted along with the applicable forms and fees under AQMD Rule 306.

**MANUFACTURER INFORMATION**

<b>Manufacturer Name:</b>	
<b>Manufacturer Address:</b>	

**SWEEPER INFORMATION**

<b>Brand Name:</b>	
<b>Model Number:</b>	

**CHANGE TO A DUST COLLECTION SYSTEM**

<b>Gutter Broom</b>	<b>Existing Part or Supplier</b>	<b>New Part or Supplier</b>
<b>Material Composition:</b>		
<b>Bristle Count and Weight:</b>		
<b>Tensile Strength (PSI):</b>		
<b>Dimensions (Length, Thickness, and Width):</b>		
<b>Main/Pick Up Broom (if applicable)</b>	<b>Existing Part or Supplier</b>	<b>New Part or Supplier</b>
<b>Material Composition and Pounds of Fiber per Broom:</b>		
<b>Tensile strength (PSI):</b>		
<b>Dimensions (Length, Thickness, and Width):</b>		
<b>Blower/Vacuum System (if applicable)</b>	<b>Existing Part or Supplier</b>	<b>New Part or Supplier</b>
<b>Air Flow (CFM):</b>		



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<b>Horsepower:</b>		
<b>Drive Type:</b>		

*Attach additional information as necessary*

<b>DESCRIPTION OF DUST SUPPRESSION SYSTEM</b>		
<b>Water Suppression (if applicable)</b>	Existing Part or Supplier	New Part or Supplier
<b>Minimum system relief valve setting for water pump (expressed as PSI):</b>		
<b>Filter-Based Suppression</b>	Existing Part or Supplier	New Part or Supplier
<b>Filter Media Type and Surface Area:</b>		
<b>Filtration Cleansing System, including mechanism and frequency:</b>		

*Attach additional information as necessary*

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