



BILL RICHARDSON
Governor

DIANE DENISH
Lieutenant Governor

New Mexico
ENVIRONMENT DEPARTMENT

Air Quality Bureau
1301 Siler Road, Building B
Santa Fe, NM 87507-3113
Phone (505) 476-4300
Fax (505) 476-4375
www.nmenv.state.nm.us



RON CURRY
Secretary

Smoke Management Program

SMP II Registration Form
Grasslands, Shrublands and Forests

YEAR BURN WILL TAKE PLACE: _____

BURN NAME: _____

ID # (will be given after you submit this form. Write it down and keep for your records)

CONTACT INFORMATION

Name: _____ Phone: _____
Agency/Company Name (if applicable): _____
Address: _____ FAX (if available) _____
City: _____ E-mail (if available) _____
State: _____ Zip: _____

Project type: Federal State Municipal Private

BURN LOCATION INFORMATION (Locational data is 1 point for the center of the burn area.)

County _____ Elevation (feet) _____

Latitude _____ Degrees _____ Minutes _____ Seconds
Longitude _____ Degrees _____ Minutes _____ Seconds

If latitude/longitude is not available, you can provide UTM or Township, Range, and Section instead.

UTM Easting _____ UTM Northing _____ UTM Zone _____

Township _____ Range _____ Section _____

VEGETATION TYPE (Check appropriate / best fit box(es))

Grass Shrub Forest

Is the purpose of the burn for: Restoration or Maintenance

Wildland Fire Use Yes No

Time of Year Expected to Burn (check all that apply)

March-May June-August September-November December-February

ACREAGE, PILE VOLUME AND FUEL LOADING

Expected burn duration in days: _____

For Broadcast burn, total projected acres: _____

Maximum daily acreage: _____

For Pile burn, total projected pile volume (cf): _____

Maximum daily pile volume: _____ cu ft

ALTERNATIVES TO BURNING - Give reason(s) why not used (For pile burning, only mechanical alternatives are applicable)

Chemical: _____

Mechanical: _____

Biological: _____

Total fuel loading by Vegetation Type (tons/acre). Use appropriate/best fit fuel type.

	Acres	Tons/Acre		Acres	Tons/Acre
Grass			Shrub:		
Forest:			Sagebrush		
Hardwood			Chaparral		
Mixed Conifer			Heading Chaparral		
Douglas Fir			Piled material in cubic feet:	Cubic Feet	
Ponderosa Pine			Clean piles		
Juniper			Average piles		
Heading Pine			Tractor piles		
Backing Pine			Crane piles		

PLANNED ACTIONS TO MINIMIZE EMISSIONS (ERTs) Check all that apply. At least one ERT must be checked unless a waiver is requested.

- | | | |
|--|--|--|
| burn concentrations:..... <input type="checkbox"/> | burn before precip: <input type="checkbox"/> | high moisture non-target fuels: <input type="checkbox"/> |
| isolate fuels: <input type="checkbox"/> | burn before large fuels cure: ... <input type="checkbox"/> | chemical pretreatment: <input type="checkbox"/> |
| mosaic: <input type="checkbox"/> | burn before litter fall:..... <input type="checkbox"/> | grazing: <input type="checkbox"/> |
| removal:..... <input type="checkbox"/> | burn before green-up:..... <input type="checkbox"/> | rapid mop-up:..... <input type="checkbox"/> |
| processing: <input type="checkbox"/> | burn piles or windrows:..... <input type="checkbox"/> | Air Curtain Incinerator: <input type="checkbox"/> |
| utilization: <input type="checkbox"/> | backing fire: <input type="checkbox"/> | other: <input type="checkbox"/> |
| dry conditions: <input type="checkbox"/> | site conversion: <input type="checkbox"/> | please specify: _____ |
| land use change: <input type="checkbox"/> | aerial / mass ignition:..... <input type="checkbox"/> | |
| high moisture in large fuels: <input type="checkbox"/> | moist litter / duff: <input type="checkbox"/> | |

PUBLIC NOTIFICATION

Check appropriate box(es) if any of the following are within 15 miles (radius if no prescribed wind direction; downwind if prescribed wind direction) and list planned methods of Public Notification.

Populations Class I Areas Nonattainment Areas None

Plans for public notification: _____

VENTILATION CATEGORY EXPECTED TO BURN UNDER (check all that apply)

Excellent Very Good Good Fair Poor

For Broadcast burns only:

If **Fair** or **Poor** are checked: Request for waiver is attached (required if Poor is requested).
OR
Will follow statewide waiver for broadcast burns (not allowed if Poor is requested).

For Pile burns only:

If **Fair** or **Poor** are checked: I agree to the conditions of the statewide waiver for pile burns.
OR
Request for individual waiver is attached.

If waiver requested, distance & direction to burn project from populations, Class I areas, and/or nonattainment areas (include map): _____

Planned wind direction during burn (if applicable): _____

SMOKE MANAGEMENT EDUCATION

Have reviewed and understand materials provided by AQB.
or
Have completed federal smoke management training.

AIR QUALITY MONITORING

Will perform and document visual monitoring.

Plan to use instruments at the following locations (optional): _____

Type of instrument: Real time FRM

COMMENTS: _____