CC Form	bast Air Quality Manag 222-C stration for 1			Charbroilers	. &	Asso	ciated C	ontrols		Diamond Bar, 0	Mail To SCAQMI P.O. Box 494		
Registration for Commercial Charbroilers & Associated Controls										Tel: (909) 396-			
Section A Operat											www.aqmd.go		
1. Facility Name (Business Name of Operator):									2. Valid AQMD Facility ID (Leave blank if a new business):				
3. Owner's Business	Name (If different from	Business N	ame of Ope	erator): Check here	e if cl	hange of o	perator		] _				
Section B - Equipment Location Address						Section C - Business Mailing Address							
4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide main facility address.)							5. Correspondence Information: Check here if same as equipment location address						
Street Address	Address												
City		, CA	Zip		Cit	City			,,,,	te Zip			
Contact Name		Title					Contact Name			Title			
	Ext.							Ext.	Fax #				
		EXI. Fax #								+			
Section D - Equipm					<u> </u>								
Manufacturer: _ CHAIN-DRIVEN Manufacturer: _ Manufacturer: _	I WITHOUT CONTR	ROL:		Model No: Model No: Model No: Model No:				Fuel: Fuel: Fuel:					
	Control type:	Catal	vst			SP							
		-				3S							
Manufacturer:				Model No:				Fuel:					
	Control type:	Cataly	/st	Scrubber	ES	SP	Other (Spec	ify)					
	Pounds of Meat	t Cooked P	er Week		_LE	BS							
	<b>F</b>			are updated or					ah Dawa				
Section E - Authori				see Rule 301 of hat all information cont							ect.		
7. Signature of Res	<u> </u>						esponsible Offic						
9. Print Name:						10. Date:							
11. Check List:	Authorized Sig	nature/Date	•	Fees Enclosed									
AQIVID	AQMD APPLICATION TRACKING # EQUIPMENT CATEGORY CODE:							FEE \$			VALIDATION		
A R DATE	ENG.A R DATE	CLASS I III	ASSIGNME Unit	NT Engineer			ONEY ORDER #	AMOUNT \$		TRACKING #			

 $\odot$  South Coast Air Quality Management District, Rule 222 Registration Form (2015.07)