		M-11 T-
South Coast Air Quality Management District Form 222-PH		Mail To: SCAQMD
Registration for Portable Diesel Fueled Heater		P.O. Box 4944 Diamond Bar, CA 91765-0944
Courts Courts		Tel: (909) 396-3385
AQMD complete one form per equipment.		
Section A - Operator Information		
1. Facility Name (Business Name of Operator):		 Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): Check here if change of operator		
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 Zip	City	,
	-	
Contact Name Title	Contact Name	Title
Phone # Ext. Fax #	Phone # Ext.	Fax #
E-Mail:	E-Mail:	
Section D - Equipment Information		
6. Manufacturer: Model No.: Serial No.: Rated Heat Input Capacity: BTU/Hr Type(s) of Fuel Burned:		
Fees are updated on July 1 of each year. For current fees, please see Rule 301 or go to Rule 222 Filing Program Web Page. Section E - Authorization/Signature I hereby certify that all information contained herein and information submitted with this application are true and correct.		
7. Signature of Responsible Official: 8. Title of Responsible Official:		
9. Print Name: 10. Date:		
11. Check List: Authorized Signature/Date Fees Enclosed		
AQMD APPLICATION TRACKING # EQUIPMENT CATEGORY CODE:	FEE \$	VALIDATION
USE ONLY A R ENG.A R CLASS ASSIGNMENT DATE DATE I III Unit Engineer	CHECK/MONEY ORDER # AMOUNT	TRACKING #
South Coast Air Quality Management District, Rule 222 Registration Form (2018.04)		I