



South Coast Air Quality
 Management District
 21865 Copley Drive
 Diamond Bar, CA 91765
 Transportation Hotline
 (909) 396-3271

RULE 2202 PROGRAM NOTIFICATION

Check the applicable box and complete the information below. Documentation must be maintained at the worksite indicated below for review.

Section I General Information

Company ID (if known)		# of Employees:	
Company Name:			
Site Address:			
Mail Address:	Same as Site:		If Different: _____
Name Highest Ranking Official:			Title: _____
E-mail address:		Phone:	_____
Site Contact Person:		Title:	_____
E-mail address:		Phone:	_____

Section II – More than 250 Employees at the Worksite

The worksite indicated above has had more than 250 employees for the prior consecutive six month Period. Provided below are the monthly totals calculated as a monthly average and the six month average.

	Jan			Apr			Jul		Oct	
	Feb			May			Aug		Nov	
	Mar			Jun			Sept		Dec	
Six Month Average:		_____								

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND SUBMITTED WITH THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Responsible Official: _____ Date: _____

Print Name: _____ Title: _____

This form must be signed by the highest ranking employee at this worksite or the executive officer responsible for allocation the resources necessary to implement the program.