



Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

South Coast AQMD Complete one form per equipment.

Section A - Operator Information

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 Name of Operator): Check here if change of operator	_____

Section B - Equipment Location Address **Section C - Business Mailing Address**

4. Equipment Location Is:	5. Correspondence Information: Check here if same as equipment location address
Street Address _____, CA _____	Address _____
City _____ Zip _____	City _____ State _____ Zip _____
Contact Name _____ Title _____	Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____	Phone # _____ Ext. _____ Fax # _____
E-Mail: _____	E-Mail: _____

Section D - Equipment Information

Rule 222(c)(9) DIESEL FUELED BOILER is any boiler that has a rated maximum heat input capacity of 2,000,000 Btu per hour or less, is fired exclusively with diesel #2 fuel, and is located more than 4,000 feet above sea level or more than 15 miles offshore from the mainland and has been in operation prior to May 3, 2013. (Amended May 3, 2013)

6. Manufacturer: _____

 Model No.: _____

 Serial No.: _____

 Maximum Heat Input: _____ BTU/Hr

 Fuel Usage: _____ Gallons/Day

 Storage Location Coordinates: _____ °Latitude _____ °Longitude

Is the boiler located more than 4000 feet above sea level or more than 15 miles offshore from mainland? YES NO

Was the boiler in operation prior to May 3, 2013? YES NO

If you answered NO to either question above, you will need to obtain a Permit to Operate for the boiler.

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 USE ONLY	APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:	FEE \$		VALIDATION
	A	R		CHECK/MONEY ORDER #	AMOUNT \$	
DATE	ENG.A DATE	CLASS I III	ASSIGNMENT Unit Engineer			