



South Coast Air Quality Management District
Form 222-MT
Registration for Micro-Turbine

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)(18) MICRO-TURBINE is a stationary gas turbine engine, with a rated maximum heat input capacity of 3,500,000 Btu per hour or less, provided that the cumulative power output of all such engines at a facility is less than two megawatts, and that the engines are certified at the time of manufacture with the state of California or were in operation prior to May 3, 2013. (Amended May 3, 2013)

6. Manufacturer: _____
 Model No.: _____
 Serial No.: _____
 Rated Heat Input Capacity: _____ BTU/hr
 Power Output: _____ MW (For this Micro-Turbine only)
 Types of Fuel Burned: _____

Total Number of Micro-Turbines at this Facility: _____
 Total Power Output from All Micro-Turbines at this Facility: _____ MW

Was the micro-turbine in operation prior to May 3, 2013? YES If YES, provide a copy of a previous Permit to Operate.
 NO If NO, provide a copy of the state of California certification.

*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			
DATE	A	R	ENG.A DATE	R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #