



South Coast Air Quality Management District

Form 222-U

Registration for Equipment Used to Store Aqueous Urea

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



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):	<input type="checkbox"/> Check here if Change of Operator	

Section B - Equipment Location Address

4. Equipment Location Is:

Street Address _____, CA _____

City _____ Zip _____

Contact Name _____ Title _____

Phone # _____ Ext. _____ Fax # _____

E-Mail: _____

Section C - Business Mailing Address

5. Correspondence Information:
 Check here if same as equipment location address

Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone # _____ Ext. _____ Fax # _____

E-Mail: _____

Section D - Equipment Information

6. **Rule 222(c)(28) STORAGE OF AQUEOUS UREA SOLUTIONS** is equipment used exclusively to store aqueous solutions of urea [CO(NH₂)₂] with a holding capacity of 6,500 gallons or less. (Amended May 5, 2017) **Do not include tanks used for blending powdered urea and water.**

Unique Tank Identifier: _____

Storage Capacity: _____ Gallons

Fees are updated on July 1 of each year.
For current fees, please see Rule 301 or go to <http://www.aqmd.gov/home/permits/equipment-registration/rule-222-filing-program>

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 #	