



South Coast Air Quality Management District
 21865 Copley Drive
 Diamond Bar, CA 91765
 (909) 396-2000
 (909) 396-2099 (fax)

Expedited Evaluation Request Form
Source Test Protocol/ Report/ CEMS/
LAP/ Product Certification
Form 222-XST

Section I - Facility Information	
1. Business Name: _____ Facility ID: _____	
Equipment/ Device: _____	
2. The requested evaluation is for:	
a. <input type="checkbox"/> Source Test Protocol	
b. <input type="checkbox"/> Source Test Report	
c. <input type="checkbox"/> CEMS Application (New)	
d. <input type="checkbox"/> CEMS Application (Modification)	
e. <input type="checkbox"/> LAP Approval Evaluation	
f. <input type="checkbox"/> Product Certification (i.e., Rules 1111, 1121, 1146.2, and 1174)	
Expedited Evaluation will not be performed unless all remaining acknowledgements are checked-off:	
3. <input type="checkbox"/> I hereby request an Expedited Source Evaluation for this document.	
4. <input type="checkbox"/> I understand that this request may incur additional fees after completion of evaluation as allowed by District Reg. III.	
5. <input type="checkbox"/> I understand this request cannot be cancelled once an evaluation has been initiated.	
6. <input type="checkbox"/> I understand this request for expedited review neither guarantees action by any specific date nor does it guarantee approval.	

Section II - Certification		
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS DOCUMENT IS TRUE AND CORRECT.		
SIGNATURE OF RESPONSIBLE OFFICER OF FIRM:		TITLE OF RESPONSIBLE OFFICER OF FIRM:
TYPE OR PRINT NAME OF RESPONSIBLE OFFICER OF FIRM:	TELEPHONE NUMBER:	DATE SIGNED: