



South Coast Air Quality Management District

Form 222-4T

Registration for Facility with No Written Permit and Emits Four Tons or More of VOC Emissions Per Year

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

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: Fixed Location / Various Location
5. Correspondence Information: Check here if same as equipment location address
Street Address, City, Contact Name, Phone #, E-Mail, Address, City, State, Zip, Contact Name, Title, Phone #, Ext., Fax #, E-Mail

Section D - Equipment Information

6. This form is to be used for:
A facility with no SCAQMD written permit that emits 4 tons or more of VOCs, in aggregate, per year from the following categories of equipment, processes or operations as specified in Rule 219(s)(3):
1. Printing operations individually exempted under Rule 219(h)(1) and (h)(7);
2. Coating or adhesive or laminating equipment exempted under Rule 219(l)(6) and (l)(10); and
3. Hand application of solvents for cleaning purposes exempted under Rule 219(o)(4).
For each category, provide types of products used with VOC contents in a format suggested below:
Table with 5 columns: Products Used (Indicate Category 1, 2 or 3), VOC Content of Material (grams/ liter), Density (grams/ liter), Yearly Usage (liters), Yearly VOC Emissions (tons/ year)
Total VOC Emissions: _____ tons/ year
Total VOC Emissions from all categories: _____ tons/ year (If < 4 tons/ year, filing is not required)
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
Table with columns: AQMD USE ONLY, APPLICATION TRACKING #, EQUIPMENT CATEGORY CODE: FEE \$, VALIDATION, DATE, A, R, ENG.A, R, CLASS I, III, ASSIGNMENT Unit, Engineer, CHECK/MONEY ORDER #, AMOUNT \$, TRACKING #