



Section A - Operator Information	
1. Facility Name (Business Name of Operator):  _____	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):  _____
3. Owner's Business Name (only if different from Business Name of Operator):  _____	

Section B - Engine Location Address	Section C - Mailing Address
4.  Street Address _____ _____, <b>CA</b> _____ City State Zip _____ Cross Street or Other Identifying Information _____ UTM or Lat/Long Coordinates _____ Contact Name _____ Title _____ Phone # _____ Ext. _____ Fax # _____ E-Mail _____	5. Correspondence Information: Check here if same as equipment location address Address _____ _____, State Zip City State Zip Contact Name _____ Title _____ Phone # _____ Ext. _____ Fax # _____ E-Mail _____

**Section D - Technical Information**

This application form is for the registration of existing and new stationary (emergency and non-emergency) and portable compression ignition (CI) engines rated greater than 50 bhp that are used in Agricultural Operations. CI engines used to power agricultural wind machines or CI engines that provide motive power (i.e. motor vehicles, tractors) are not subject to registration. Use only one Form for each engine. *[Pursuant to CARB ATCM, CCR, Title 17, Sections 93115.3(a) & 93115.8(c)]*

<b>Application Type</b> (check all that apply)	New Engine*      Existing In-Use Engine      Modification      Change of Owner Date initially installed in the District: _____ * If installed on or after 1/1/2005.
<b>Engine Use</b>	Water Well Pump      Booster Pump      Electrical Power      Irrigation Pump Other (describe): _____
<b>Engine Classification</b>	Stationary      Seasonal      Portable
<b>Engine Data</b>	Installation Date: _____ Manufacture Date: _____ or Approximate Engine Age: _____ Make: _____ Model: _____ Serial No: _____ Maximum Rated Brake Horsepower (BHP): _____ EPA Engine Tier: _____ (options Tier 0, 1, 2, 3 or 4) Fuel Used: Diesel      Bio-Diesel: _____ % Diesel Other (describe): _____ Estimated Average Fuel Used: _____ gallons/yr      Average Operating Hours: _____ hrs/yr EPA Family Name: _____ CARB Executive Order: _____
<b>Standby Electrical Generators</b>  (Provide the generator data in addition to Engine Data above)	Generator Mfr: _____ Model: _____ Rating: _____ kW Is the generator used during emergencies as defined in ATCM?      Yes      No Is the engine equipped with a non-resettable hour meter with a minimum display of 9,999 hrs?      Yes      No Is the generator enrolled in an electrical utility Interruptible Service Contract (ISC)?      Yes      No If part of an ISC program, does the contract require the engine to be used during Stage II/III alerts?      Yes      No

South Coast Air Quality Management District  
 Form 222-Ag  
 Application For Rule 222  
 Agricultural Engine Registration

**Section D - Technical Information (cont.)**

Remote Engine Exemption	Are you claiming the remote engine exemption? (Only applies to Existing In-Use engines)	Yes	No
	Is the engine located more than one-half mile from any residential area, school, or hospital?	Yes	No
Emission Controls (Complete this section if emission controls are proposed or are on the engine.)	Diesel Particulate Filter	Oxidation Catalyst	Other (describe): _____
	Make: _____	Model: _____	
	ARB Executive Order No: _____		
	Particulate Matter Reduction Efficiency (% by mass): _____		
Additional Comments			
New Engines	New engine is defined as any engine installed on or after January 1, 2005. You can obtain the EPA Family Name from the engine nameplate or from your engine supplier. Date of Engine Purchase: _____ EPA Family Name: _____		
Receptor Distance	Is the engine located or to be located within one-quarter mile (1,320 feet) of a residential area, school or hospital? No      Yes      If yes, complete the following information: Distance from the engine to the residential area, school or hospital _____ feet Direction from the engine to the residential area, school or hospital _____ (e.g. N.E.)		

**Section E - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____ Date: _____	Name: _____
	Title: _____ Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____ Fax #: _____
	Title: _____ Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.

<b>AQMD USE ONLY</b>	APPLICATION TRACKING #	TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: _____ \$	VALIDATION			
ENG. DATE	A R	ENG. DATE	A R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #