



South Coast Air Quality Management District
Form 222-FC
Registration for Fuel Cell



Complete one form per facility.

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 <input type="checkbox"/>	

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

Rule 222(c)(13) FUEL CELL is any equipment which produces electricity in an electro-chemical reaction, uses phosphoric acid, molten carbonate, proton exchange membrane, or solid oxide technologies; and associated heating equipment including heaters that have a rated maximum heat input capacity of greater than 2,000,000 Btu per hour provided that the supplemental heat used is 90,000 therms per year or less. (Amended May 3, 2013)

6. Manufacturer: _____
Model No.: _____
Serial No.: _____

Fuel Cell Technology Used is: Phosphoric Acid Proton Exchange Membrane
 Molten Carbonate Solid Oxide

Complete this section if a supplemental heater is associated with the fuel cell.

Is the supplemental heater electric? YES NO If NO, complete the following:

Rated Heat Input Capacity: _____ BTU/hr

Types of Fuel Burned: _____

Is supplemental heat usage less than 90,000 therms per year? YES
 NO If NO, you will need to obtain a Permit to Operate.

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