



South Coast Air Quality Management District
Form 222-FO
Registration for Food Oven



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	

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)(12) FOOD OVEN is any equipment used exclusively for food preparation, has a rated maximum heat input capacity of 2,000,000 Btu per hour or less, and is exclusively fired on natural gas and where the VOC emissions from yeast fermentation are less than one pound per day. (Amended May 3, 2013)

6. Manufacturer: _____

Model No.: _____

Serial No.: _____

Maximum Heat Input Capacity: _____ BTU/hr

Types of Fuel Burned: _____

Yeast % (lbs of Yeast / 100 lbs of Total Recipe Flour): 1st Step _____ 2nd Step _____

Fermentation Time: 1st Step _____ Hrs 2nd Step _____ Hrs

Bakery Product: _____ Lbs/Day

*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 #