



South Coast Air Quality Management District

Form 222-OS

Registration for Storage of Odorants for Natural Gas, Propane or Oil



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: Fixed Location ☐ Various Location ☐
(For equipment operated at various locations, provide main facility address.)

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)(25) STORAGE OF ODORANTS FOR NATURAL GAS, PROPANE, OR OIL is equipment used exclusively for the storage of odorants for natural gas, propane, or oil odorant storage, with a holding capacity of less than 950 liters (251 gallons) and associated transfer and control equipment. (Amended May 3, 2013)

6. Manufacturer: _____
Model No.: _____
Serial No.: _____
Storage Capacity: _____ Gallons
Type(s) of Odorant Stored: _____
Type(s) of Fuel to be Odorized: _____
Storage Location Coordinates: _____ ° Latitude _____ ° Longitude

*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 #