



South Coast Air Quality Management District

Form 222-PW

Registration for Power Pressure Washer and

Hot Water or Steam Washer and Cleaner

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: 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)(22) POWER PRESSURE WASHER AND HOT WATER OR STEAM WASHER AND CLEANER is any equipment equipped with a heater or burner that is designed to be fired on diesel fuel, has a rated maximum heat input capacity of 550,000 Btu per hour or less, is equipped with a non-resettable chronometer, has a maximum NOx emission output of less than one pound per day and uses no more than 50 gallons of fuel per day. (Amended May 3, 2013)

6. Choose one of the following:

Power Pressure Washer

Hot Water Washer/Cleaner

Steam Washer/Cleaner

Manufacturer: _____

Model No.: _____

Serial No.: _____

Rated Maximum Heat Input: _____ BTU/Hr

Fuel Usage: _____ Gallons/Day

Equipped with a non-resettable chronometer? YES NO

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 #