



South Coast Air Quality Management District  
 Form 222-RT  
 Registration for Internal Combustion Engine at  
 Remote Radio Transmission Towers  
 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      Section C - Business Mailing Address**

4. Equipment Location Is:	5. Correspondence Information: Check here if same as equipment location address
Street Address	Address
City _____, CA      Zip _____	City _____, State _____ Zip _____
Contact Name _____ Title _____	Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____	Phone # _____ Ext. _____ Fax # _____
E-Mail: _____	E-Mail: _____

**Section D - Equipment Information**

**Rule 222(c)(16) INTERNAL COMBUSTION ENGINE** is any compression ignited reciprocating internal combustion engine used exclusively for electrical generation at remote two-way radio transmission towers where no utility, electricity or natural gas is available within a 1/2 mile radius, has a manufacturer's rating of 100 brake horsepower or less, and is fired exclusively on diesel #2 fuel. *(Amended May 3, 2013)*

6.            Manufacturer: \_\_\_\_\_  
               Model No.: \_\_\_\_\_  
               Serial No.: \_\_\_\_\_  
               Engine Rating: \_\_\_\_\_ BHP  
               Fuel Type: \_\_\_\_\_  
               Engine Location Coordinates: \_\_\_\_\_° Latitude      \_\_\_\_\_° Longitude

Is there utility, electricity or natural gas within 1/2 mile radius of the engine?      YES      NO  
*If YES, you will need to obtain a Permit to Operate for the internal combustion engine.*

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