



South Coast Air Quality Management District
Transportation Programs
21865 Copley Dr.
Diamond Bar, CA 91765

<http://www.aqmd.gov>
(909) 396-3271

Rule 2202 – On Road Motor Vehicle Mitigation Options
Multi-Site
Compliance Forms

Revised March 2013

Cleaning the air that we breathe....



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RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

T Y P E O R P R I N T A L L I N F O R M A T I O N

Section I - General Information

Employer/Organization Name: _____

Main Worksite Address: _____
Street Number (N, S, E, W) Street Name Type (St., Ave., Blvd.)

Unit / Suite Location / Mail stop

City State Zip Code County (LA, OC, RS, SB)

Employee Transportation Coordinator: Mr./Mrs./Ms. _____

Regional Contact (Circle One) Name Title

Mailing Address: _____
(If different from site address)

Phone Number: () _____ E-Mail Address: _____
Area Code

Fax Number: () _____
Area Code

Date of ETC Certificate Training: _____

Total number of employees reporting at all worksites: _____

Total number of employees reporting within the designated window at all worksites: _____

Highest Ranking Official: Mr./Mrs./Ms. _____
(Circle One) Name Title

Mailing Address: _____
(If different from site address)

Phone Number: () _____ E-Mail Address: _____
Area Code

Fax Number: () _____
Area Code

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official or individual responsible for allocating program resources:

_____ Date: _____



RULE 2202 - REGISTRATION FORM

YEAR: MULTI-SITE ID:

Multi-Site Employee Commute Reduction Program Filing Fee Form

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 Copley Drive
Diamond Bar, CA 91765

Please provide the Multi-site I.D. number and specify "Rule 2202" on all checks. Credit cards are not an accepted form of payment. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.

Fees are subject to change each July 1st. Fee amounts vary, depending on the size of the worksite. Please call our Transportation Fee Line at **(909) 396-FEES** for latest information, or visit our Web Site at www.aqmd.gov to download Rule 308.

Site ID #	Street Address City, Zip	Total # Employees	Amount Due
Subtotal:			
Late Fees, if applicable (50% of filing fee)			+
Total Fees Submitted:			\$

Annual Program Due Date: _____



RULE 2202 - REGISTRATION FORM

YEAR:
MULTI-SITE ID:

Section II: Program Coordinator Information

Employer Name:

List ETC or On-Site Coordinators for each site in this multi-site submittal.

Photocopy this page as needed

Site ID #	Name:	Phone #:	Title:
Site ID #	Name:	Phone #:	Title:
Site ID #	Name:	Phone #:	Title:
Site ID #	Name:	Phone #:	Title:
Site ID #	Name:	Phone #:	Title:
Site ID #	Name:	Phone #:	Title:
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Site ID #	Name:	Phone #:	Title:



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section III: AVR Summary Peak Employees

Provide all information, as requested, for each worksite in multi-site submittal. Photocopy this page as needed.

Site ID #	Peak Window Employees	# of Peak Surveys Returned	Peak Survey Response Rate	Weekly Peak Employee Trips	Weekly Peak Vehicle Trips	Current AVR	Prior Year AVR	Survey Week	Number of Fleet Vehicles	*Police/Sheriff	Is Parking Leased? ** Y / N

- * If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, indicate how many per site. Partially reporting these employees is not acceptable.
- ** If parking is leased please include Appendix J, parking cash out **for each** applicable site.
- To obtain aggregate AVR for sites located within the same AVR target area, divide the total number of employee trips (for all sites) by the total number of vehicle trips (for all sites).

Aggregating AVR (optional)

Total Weekly Employee Trips	÷	Total Weekly Vehicle Trips	=	Aggregate AVR	Aggregate AVR Prior Year
	÷		=		

- Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument.
 - District Approved AVR Survey**
 - Other** Certification Number: _____ Date: _____
(Alternative methods; e.g., Random Sample or Record-Keeping; requires prior AQMD approval and an additional certification fee for alternative methods. See Rule 308: (c) (2) (G))

Specific location where AVR verification data are stored



RULE 2202 - REGISTRATION FORM

YEAR:

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MULTI-SITE ID:

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Section III: AVR Summary Off-Peak Employees (Optional)

Provide all information as requested, for each worksite in multi-site submittal, if calculating an off-peak AVR using Appendix C. Photocopy this page as needed.

Site ID #	Off-Peak Employees	*Police/Sheriff	# of Off-Peak Surveys Returned	Off-Peak Survey Response Rate	Weekly Off-Peak Employee Trips	Weekly Off-Peak Vehicle Trips	Current AVR Off-Peak	Adjusted AVR Appendix C

*If you excluded Police/Sheriff/Federal Field Agents from the Off-Peak AVR calculation, indicate how many per site. Partially reporting these employees is not acceptable.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section IV: Good Faith Effort Determination Elements

MARKETING STRATEGIES

Employers who have not attained the target AVR must select at least five (5) Marketing Strategies to be implemented at each site by inserting the appropriate frequency code inside the box from the following:

***Frequency Codes Table:**

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

- Attendance at a Marketing Class, at least Annually (must submit proof of attendance)
- Direct Communication by the highest ranking official, at least Annually (written or electronic)
- Employer Newsletter, Flyer/Announcements/Memo/Letter to Employees, at least Quarterly. If provided electronically, an update or notice must be sent to all employees of the communication's availability.
- Employer Rideshare Events, at least Annually
- New Hire Orientation, as needed
- Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks
- Rideshare Meetings/ Focus Group(s), at least Semi-Annually
- Rideshare Website, at least Quarterly announcements to employees (If provided electronically, an update or notice must be sent to all employees of the communication's availability)
- Other Marketing Strategies (please specify below):



RULE 2202 - REGISTRATION FORM

YEAR: []
MULTI-SITE ID: []

Section IV: Strategies Summary and Additional Requirements

Check here if all strategies selected are implemented at all worksites. If not, place an "X" in the box for each strategy that applies to the specific individual worksite. Employers who have not attained the target AVR must select and complete the corresponding pages for at least five (5) Basic/Support and five (5) Direct strategies that the worksite will be implementing. Photocopy this page if needed.

Table with columns for Basic/Support Strategies and Direct Strategies, and rows for Site ID#.

- Additional Requirements:
Employer Clean Fleet Vehicle Purchase/Lease Program - Complete Appendix G for each worksite, if applicable*, or write N/A in this box.
Mobile Source Diesel PM/NOx Emission Minimization Plan - Complete Appendix H for each worksite, if applicable*, or write N/A in this box.
*(See ECRP Guidelines for applicability requirements)



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section IV: BASIC/SUPPORT STRATEGIES

Complete the information for the corresponding basic/support strategies that were previously chosen on page 7. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency Codes whenever applicable for the strategies being implemented. The Frequency Code* is defined as how often the employer is awarding the benefit or strategy.

* Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

Commuter Choice Program - A monthly transportation fringe benefit used exclusively for regular direct commutes by public transit or vanpools from home to work, and does not exceed the average monthly commuting cost based on a 20-day month. Employers can pay for their employees to commute by transit or vanpool and get a tax deduction for the expense, or employers can allow employees to set aside pre-tax income to pay for qualified commute costs. This amount of an employee's salary is not subject to income tax. The Commuter Choice tax benefit is based on Section 132(f) of the federal tax code. This program allows employees to set aside pre-tax income for qualified commute modes. Section 132(f) covers transit, vanpool and bicycle benefits as well as qualified parking.

Flex Time Schedules - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered and the flexibility in minutes. (Do not use this section unless flex time is linked to your rideshare program.)

Grace Period

Shift Flexibility

Other

Does a written policy exist? Yes No

Guaranteed Return Trip - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

Personal Emergency Situation

Unplanned Business-related Activities

Planned Business-related Activities

Other (specify)



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

GRT will be provided by utilizing one or more of the following transportation modes or options:

<input type="checkbox"/> Employer Vehicle	<input type="checkbox"/> TMA/TMO Provided
<input type="checkbox"/> Supervisor or Fellow Employee	<input type="checkbox"/> Rental car
<input type="checkbox"/> Taxi	<input type="checkbox"/> Other (specify) <input type="text"/>

If GRT is provided by an entity other than the Employer, please provide name of the entity providing this service.

Personalized Commute Assistance – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

<input type="checkbox"/>	Organize Focus Group(s) or Task Force(s)
<input type="checkbox"/>	Coordinate the Formation of Carpools/Vanpools
<input type="checkbox"/>	Assist in Identifying Park & Ride Lots
<input type="checkbox"/>	Assist in Identifying Bicycle and Pedestrian Routes
<input type="checkbox"/>	Assist in Providing Personalized Transit Routes and Schedule Information
<input type="checkbox"/>	Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

Preferential Parking for Ridesharers - The employer provides eligible employees with preferential parking spaces to park their vehicles. These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

<input type="text"/>	Total Number of Preferential Parking Spaces for All Worksites
<input type="text"/>	Minimum Number of Persons (per vehicle) Required to be Eligible
<input type="text"/>	Minimum Number of Days or % of Ridesharing Required to be Eligible
<input type="text"/>	Method of Vehicle Identification (i.e. tags, stickers, license plate No.)



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Rideshare Matching Services – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees, at least annually.

Check all that apply:

Employer Based System

TMA/TMO System

Regional Commute Management Agency

Zip Code Lists/Maps

How and when do you match people (check all that apply):

Frequency Code*

During New Hire Orientation

As Part of an Employer Wide Survey

On Demand

Transit Information Center - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

Yes

No

Location of Transit Information:



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Other Basic/Support Strategies - The employer can provide other types of basic/support strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal. Examples of Other Basic/Support Strategies may include, but are not limited to:

- On-Site Amenities,
- TMA/TMO Services,
- Car Sharing Services,
- Mobility Hub Services,
- EV Infrastructure, and/or
- Voluntary Worksite Transfers.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section IV: DIRECT STRATEGIES

Complete the information for the corresponding direct strategies that were previously chosen on page 7. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency and Eligibility Codes whenever applicable for the strategies being implemented. The Frequency Code* is defined as how often the employer is awarding the benefit or strategy. The Eligibility Code** is defined as the unit of measurement used for participation eligibility.

***Frequency Codes Table:**

How Often is Benefit Provided	
D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)
<input type="text"/>	

****Eligibility Codes Table:**

Unit of Measurement
D = Daily participation
DW = Days/Week
DM = Days/Month
WD = % of Working Days
O = Other (specify)
<input type="text"/>

*****Minimum Requirement**

The Minimum Requirement
The actual number of days or % of time the employee must participate in order to qualify.

Auto Services - The employer provides auto services for employees participating in the employee commute reduction program. Each employee will receive the following:
(check each element that applies).

	Services	Average Value	Frequency Code*	Eligibility Code**	Minimum Requirement***
	Fuel				
	Oil				
	Tune-Up				
	Repair Certificate				
	Car Wash				
	Other (specify below)				
<input type="text"/>					

Bicycle Program - The employer provides eligible employees, who commute by bicycle, unique incentives and tools only available to bicyclists and not offered elsewhere in the plan.

Check each element that applies		Frequency Code*	Eligibility Code**	Minimum Requirement***
	Bicycle Matching/Meetings			
	Shoes/Clothing/Helmets/Locks/etc.			
	Lockers/Racks/etc.			
	Bicycle Repair Services			
	Tools or Repair Kits			
	Discounts at Local Bike Shops			
	Other Bicycle Related Services (please specify)			
<input type="text"/>				



RULE 2202 - REGISTRATION FORM

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Compressed Work Week - A Compressed Work Week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist? Yes No

The Compressed Work Week schedule is offered to:

All employees **Eligible employees/Depts.**

Please enter the aggregated total number of employees for each type of CWW used for all worksites:

	Eligible Number of Employees
<input type="checkbox"/> 3/36 Compressed Work Week	<input type="text"/>
<input type="checkbox"/> 4/40 Compressed Work Week	<input type="text"/>
<input type="checkbox"/> 9/80 Compressed Work Week	<input type="text"/>

Direct Financial Awards - The employer, or other funding source, provides eligible employees with direct cash awards for participation in the employee commute reduction program.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle				
3 person vehicle				
4 person vehicle				
5 person vehicle				
6 person vehicle				
Vanpool (7 – 15)				
Bus				
Rail/plane				
Walk				
Bicycle				
Telecommuting				

Discounted/Free Meals - The employer provides eligible employees with free or discounted meals for their participation in the employee commute reduction program.

<input type="checkbox"/>	The employer provides eligible employees free meals
<input type="checkbox"/>	The employer provides eligible employees discounted meals

Participation in the employer's discounted/free meals program is as follows:

Average Value Per Meal	Frequency Code*	Eligibility Code**	Minimum Requirement***
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Employee Clean Vehicle Purchase Program - The employer provides eligible employees incentives to purchase partial zero emission vehicles (PZEV), advance technology PZEV (AT-PZEV), or zero emission vehicles (ZEV).

Average Value of Incentive	Frequency Code*	Eligibility Code**	Minimum Requirement***

The program consists of:

(Check each element that applies.)

<input type="checkbox"/>	Credit Union/Bank/Financial Institution Loan Rate Discounts
<input type="checkbox"/>	Employer Direct Financial Incentives or Subsidies
<input type="checkbox"/>	Employer Sponsored Benefits
<input type="checkbox"/>	Other (specify)

Gift Certificates - The employer provides gift certificates to all eligible employees for participation in the employee commute reduction program.

Average Value Per Gift	Frequency Code*	Eligibility Code**	Minimum Requirement***

If award is provided by another funding source, provide name of entity:

Off-Peak Rideshare Program - The employer may voluntarily expand its employee commute reduction program to include employees who commute outside of the designated peak window. Please check off all Employee Commute Reduction Strategies that your worksite will be implementing for employees who are scheduled to report to work during the off-peak period, or check the box below if all strategies offered to peak employees will also be offered to off-peak employees.

Check here if all strategies offered to peak employees will also be offered to off-peak employees

Off-Peak Basic/Support Strategies



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Commuter Choice Program

Preferential Parking for Ridesharers

Flex Time Schedules

Rideshare Matching Services

Guaranteed Return Trip

Transit Information Center

Personalized Commute Assistance

Other (specify below)



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Off-Peak Rideshare Program (cont.)

Off-Peak Direct Strategies

<input type="checkbox"/> Auto Services	<input type="checkbox"/> Parking Charge/Subsidy
<input type="checkbox"/> Bicycle Program	<input type="checkbox"/> Points Program
<input type="checkbox"/> Compressed Work Week	<input type="checkbox"/> Prize Drawings
<input type="checkbox"/> Direct Financial Awards	<input type="checkbox"/> Start-up Incentives
<input type="checkbox"/> Discounted or Free Meals	<input type="checkbox"/> Telecommuting
<input type="checkbox"/> Employee Clean Vehicle Purchases	<input type="checkbox"/> Time Off with Pay
<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Transit Subsidy
<input type="checkbox"/> Off Peak Rideshare Program	<input type="checkbox"/> Vanpool Program
<input type="checkbox"/> Voluntary Parking Cash-Out	<input type="checkbox"/> Other (Specify) _____

Parking Charge/Subsidy – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Monthly Rate

Employee Parking Charge Per Space: \$

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (*check each mode that applies*):

	Mode	Subsidy Per Space	Frequency Code*	Eligibility Code**	Minimum Requirement***
	2 person vehicle				
	3 person vehicle				
	4 person vehicle				
	5 person vehicle				
	6 person vehicle				
	Vanpool (7 – 15)				
	Bus				
	Rail/plane				
	Walk				
	Bicycle				
	Telecommuting				



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Parking Cash Out/Parking Management Strategies (Voluntary)

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space. If per State requirements you are NOT mandated to implement this program but are doing so voluntarily, please mark this Strategy and complete questions 1-5 at the bottom of Appendix J of these Compliance Forms (See Section V-B., Page 29 of ECRP Guidelines for applicability requirements and additional information).

Points Program - Employees earn points for each day of participation in the employee commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point	Per # of Points	Frequency Code*	Eligibility Code**	Minimum Requirement***
\$				

Prize Drawings - The employer provides eligible employees with a chance to win prizes for participation in the employee commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Frequency Code*	Eligibility Code**	Minimum Requirement***

Start Up Incentive – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and generally provided over a short period of time.

Mode	Award Amount	Duration	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool (7 – 15)					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					

Is Incentive offered by:

Employer

Other

If Other, please provide name of entity: _____



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MULTI-SITE ID:

Telecommuting - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist? **Yes** **No**

The employer telecommuting program consists of:

(Check each element that applies.)

<input type="checkbox"/>	Orientation / Training Sessions		
<input type="checkbox"/>	Working at Home	<input type="checkbox"/>	# of Days per Week
<input type="checkbox"/>	Working at Telecommuting Center	<input type="checkbox"/>	# of Days per Week
<input type="checkbox"/>	Other (specify)	<input type="text"/>	

Please enter the aggregated total number of eligible program participants for all worksites: _____

Time Off with Pay - The employer provides eligible employees additional time off with pay for participation in the employee commute reduction program.

Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time Off Earned	Units: M = Minutes H = Hours D = Days
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Month	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	

Maximum amount (if any) of earned time off that can be accumulated within a one-year period:

Number of minutes, hours, days	Unit of time off earned	Units:
<input type="text"/>	<input type="text"/>	M = Minutes H = Hours D = Days



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Transit Subsidy - The employer provides eligible employees a bus and/or rail subsidy for participation in the employee commute reduction program.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
Bus				
Rail				

Do you offer any other type of transit program to employees?

Yes

No

If Yes, please explain:

Vanpool Program - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

Employer owned/leased

Employee owned/leased

Third-party owned/leased

Total number of vans participating in program

Employer provided insurance

Employer provided fuel/maintenance

Employer provides cash subsidies for vanpoolers

Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

Minimum

Maximum

If empty seats are subsidized, how much?

Per Seat

For how long are empty seats subsidized?

Do you offer any other type of vanpool program to employees?

Yes

No

If Yes, please explain:



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Other Direct Strategies - The employer can provide other types of direct strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

RULE 2202 ON-ROAD MOTOR VEHICLE MITIGATION OPTIONS MULTI-SITE COMPLIANCE FORMS

SECTION V

AVR Individual Site Information

To be completed for each individual site listed in this multi-site submittal



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

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ETC Instructions for Completing the Weekly AVR Calculations

Determine if you wish to survey and calculate AVR solely on the peak window employees, or if you would also like to claim the optional off-peak credit as well. If all employees were surveyed to capture both the peak and off-peak credit, then separate the surveys into three stacks:

- ❖ One stack for all those employees who began work only in the 6:00 - 10:00 a.m. window (peak).
- ❖ The second stack is for those who began work at anytime both in the peak window and outside of the window that week (mixed schedule); and
- ❖ The last stack of surveys would be everyone who began work strictly outside the 6:00 - 10:00 a.m. window (off-peak) for the five days of the survey week.

1. Beginning with the "peak only" surveys, total the number of responses for each mode and for each day and enter the daily total in the appropriate boxes on the Weekly Employee Survey Summary Form.
2. Now add the mixed schedule survey information to the same Weekly Employee Survey Summary Form for those employees who began work in the peak. The mixed schedule must be the same five days as the peak.
 - A. For the days they began work in the peak, tabulate their mode as usual.
 - B. For the days they began work in the off-peak, tabulate those totals on line "OO" Off-Peak. This way you are tabulating five answers for each person.
 - C. Total each row going across for the Total of the week. Total each column going down per day for the Daily Total.
 - D. The Daily Total should match the total number of employees in the window which was reported on page 4. These totals will be used for your peak AVR calculation on page 25.
 - E. Employees that are classified in the "Other Days Off" category are included in the AVR calculation if they begin work in the window at least one day during the survey week. The net effect of "Other Days Off" on the AVR calculation will be neutral. Employees in this category include, but are not limited to, the following:
 - i.employees on vacation, sick, or furlough;
 - ii.employees on per-diem or on-call that do not meet the definition of field personnel;
 - iii.employees on jury duty, military duty;
 - iv.employees who begin work outside the window provided they begin in the window at least one other day during the week;
 - v.employees not scheduled to work that day;
 - vi.employees that are home dispatched;
 - vii.employees on maternity leave;
 - viii.employees on bereavement leave; and/or
 - ix.employees on medical /disability leave.
3. You must account for all missing surveys which would be considered as "no survey response (NSR)". Be sure and enter the daily total for each day. Reporting errors resulting from missing or incorrect information must be calculated as one employee per vehicle arriving at the worksite. Reporting errors that do not indicate the time when the employee begins work must be assumed to occur in the peak window. **All returned surveys must be accounted for in the AVR calculations.**
 - A. If the response rate is 60-89%, put the totals in line NSR.
 - B. If the response rate was 90% or higher, put the totals in line DD.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

4. Now for the third stack of surveys in the off-peak. Go through the same process for all of those employees who began work only in the off-peak and include the mixed schedule surveys. However, this time, use the Off-Peak Weekly Employee Survey Summary Form on page 34.
 - A. Count the mode that the employee chose while working the days in the off-peak. Then for the days they began work outside of the off-peak (or in the window) tabulate those responses on line "OO" Peak.
 - B. It's important to realize that you are tabulating five answers, one for each person per day.
 - C. The Daily Totals for the off-peak may represent more answers than what the true off peak number is. Don't worry about this yet, it will balance out later.
 - D. Employees walking, bicycling, telecommuting, using public transit, using a zero emission vehicle or other vehicles as pre-approved by the Executive Officer or designee, or on their day off under a compressed work week, should be counted as employees arriving at the worksite with no vehicle. Employees arriving to work in a Plug-In Hybrid Electric Vehicle (PHEV) meet the definition of a zero emission vehicle provided that the entire trip to work is made exclusively under electric power. This applies to plug-in vehicles with all electric range that can travel exclusively under electric power without use of the gasoline engine or cogeneration system.

Instructions for Completing the Weekly Employee/Vehicle Calculation Form (Peak) on Pages 23-24:

5. Transfer the weekly totals from last column in the Weekly Employee Survey Summary Form to the corresponding category in Column I of the Weekly Employee/Vehicle Calculation Form. Perform the operations indicated in Column II and enter the results there. For example: Total number of drive alone employee trips should be divided by 1; total number of employee trips made in "3 persons in vehicle" should be divided by 3, etc.
6. Add line NSR thru Z from Column 1 and enter total in line "ET". This number represents the total weekly employee trips. Add lines NSR thru W in Column II and enter total in line "TV". This number represents the total weekly vehicle trips.
7. Add ET + AA + BB + CC + DD + OO (if applicable) and enter result in line "EE", Column 1.
8. Enter the number of employees reporting within window in line "FF", multiply by 5, and enter result in line "GG". Number of employees in window (line "FF") must correspond with number given on page 4.
9. Be sure that line EE equals line GG.

Instructions for Completing the AVR Planning Form on Page 25:

10. Transfer the Total Employee Trips (ET) and Total Vehicle Trips (TV) from the Weekly Employee/Vehicle Calculation (Peak) form to the AVR Planning form, lines 1 and 2 respectively.
11. Divide line 1 by line 2 to calculate your AVR. Enter the results on line 3.
12. Transfer the totals from Off-Peak Weekly Summary Form on Page 34 and tabulate the results on the Weekly Vehicle Calculation Off-Peak on page 35. Then take the data from both the Peak Weekly Vehicle Calculation page 24 and the Off-Peak Weekly Vehicle Calculation on page 35 and tabulate the adjusted AVR credit on Appendix C, Page 36 and any other applicable appendices.

For specific information on how to calculate your AVR, please contact AQMD staff at (909) 396-3271.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section V – Weekly Employee Survey Summary Form (Peak)

SITE ID:

Summarize the commute modes of employees who began to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: _____ *Hours:* _____ through _____

If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
NSE. Surveys with Errors						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Zero Emission Vehicle						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

AA. Vacation						
BB. Sick						
CC. Regular Day Off, Jury Duty, LOA, etc.						
DD. NSR (90% or higher response)						
OO. Off-Peak Trips (mixed schedule)						

TOTALS (Each day should match)						
---------------------------------------	--	--	--	--	--	--



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section V (cont.) - Weekly Employee/Vehicle Calculation (Peak)

SITE ID:

Weekly Employee Trips

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Zero Emission Vehicle	
V. Telecommute	
W. Noncommuting	

Weekly Vehicles Trips

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Zero Emission Vehicle	0
V. Telecommute	0
W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)	
--	--

TV. Total Vehicles (NSR through P)	
---	--

Other Days Off

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc	
*DD. NSR (90% or higher)	
**OO. Off-Peak Trips (Mixed Schedule)	
EE. Total (ET+AA+BB+CC+DD+OO)	
FF. Number of employees in window	
GG. Multiply box FF by 5	

***DD NSR: No Survey Response for employers that have achieved a 90% or higher survey response rate.**

****OO. Off-Peak: See ETC Instructions, on page 22**

Note: Numbers in boxes EE & GG must be the same.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section V (cont.) – AVR Planning Form

SITE ID: _____

1. Total employee trips generated within window. (Section V, Line ET).
2. Total vehicles arriving at the worksite within the window. (Section V, Line TV).
3. Divide line #1 of this page by line #2 of this page for current AVR.
4. Enter AVR performance zone here. (1.30, 1.50, or 1.75).
5. AVR of last submittal.
6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete corresponding Appendix(ces).

Off-Peak Credits (Complete Appendix C)

Reduced Staffing (Complete Appendix D)

Non-Regulated Sites (Complete Appendix E)

Multiple Adjustment Worksheet (Complete Appendix F)

APPENDIX A

Average Vehicle Ridership Survey Form

Survey Week: _____

MO/DAY/YR THRU MO/DAY/YR

Average Vehicle Ridership Survey Form

Employee Information

Name: _____

Employee I.D.#: _____ **Dept./Section:** _____

Phone Ext.: _____ **Home Zip Code:** _____ **Miles to Worksite (one way):** _____

Signature: _____ **Date:** _____

Time you Began Work	Mon	Tue	Wed	Th	Fri
Mode	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
A. Drive Alone					
B. Motorcycle					
C. 2 persons in vehicle					
D. 3 persons in vehicle					
E. 4 persons in vehicle					
F. 5 persons in vehicle					
G. 6 persons in vehicle					
H. 7 persons in vehicle					
I. 8 persons in vehicle					
J. 9 persons in vehicle					
K. 10 persons in vehicle					
L. 11 persons in vehicle					
M. 12 persons in vehicle					
N. 13 persons in vehicle					
O. 14 persons in vehicle					
P. 15 persons in vehicle					
Q. Bus					
R. Rail/plane					
S. Walk					
T. Bicycle					
U. Zero Emission Vehicle					
V. Telecommute (reduction of more than 50% of trip)					
W. Noncommuting					

(circle am or pm as applicable)

Compressed Work Week Day(s) Off (Please indicate your typical start time on the day(s) you are on a compressed work week day(s) off.)

X. 3/36 work week days off (2 days)					
Y. 4/40 work week day off (1 day)					
Z. 9/80 work week day off (1 day)					

Other Days Off (Please indicate your typical start time on the day(s) you are off.)

AA. Vacation					
BB. Sick					
CC. Regular Day Off, Jury Duty, LOA, etc.					

You should have only 5 (five) check marks, one for each day of the survey week.

Semana de la Encuesta: _____

MES/DIA/AÑO HASTA MES/DIA/AÑO

Encuesta del Viaje Semanal del Empleado

Información sobre el empleado

Nombre Completo: _____

Numero de
Identificación del
Empleado:

Depto./Unidad: _____

Telefono: _____

Código Postal del
lugar donde Vive: _____

Millas desde su casa al trabajo
(de ida solamente): _____

Firma: _____

Fecha: _____

Modo de Transporte	Hora que comienza a trabajar	Lunes	Martes	Miérc.	Jueves	Viernes
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
A. Maneja Solo (a)						
B. Motocicleta						
C. 2 personas en el vehiculo						
D. 3 personas en el vehiculo						
E. 4 personas en el vehiculo						
F. 5 personas en el vehiculo						
G. 6 personas en el vehiculo						
H. 7 personas en el vehiculo						
I. 8 personas en el vehiculo						
J. 9 personas en el vehiculo						
K. 10 personas en el vehiculo						
L. 11 personas en el vehiculo						
M. 12 personas en el vehiculo						
N. 13 personas en el vehiculo						
O. 14 personas en el vehiculo						
P. 15 personas en el vehiculo						
Q. Bus						
R. Tren/Avion						
S. Caminando						
T. Bicicleta						
U. Vehiculo sin emisiones (no incluir Híbridos)						
V. Telecomunicacion (reduce 50% de la distancia)						
W. No viaje al trabajo						

(marque am o pm
segun corresponda)

Semana de trabajo comprimida

(Por favor indicar su hora de llegada tipica en el dia(s) que usted esta libre en la semana de trabajo comprimida.)

X. 3/36 Semana con 2 dias libres					
Y. 4/40 Semana con 1 dia libre					
Z. 9/80 Semana con 1 dia libre					

Otros Dias Libres (Por favor indicar su hora de llegada tipica en el dia(s) que usted esta libre.)

AA. Vacaciones					
BB. Enfermedad					
CC. Dia Libre Regular, Jury Duty, LOA, etc.					

Deberia tener un total de 5 marcas, una por cada dia de la semana de 5 dias.

Employee Instructions for Completing the Average Vehicle Ridership Survey Form:

1. **Employee Information:** Complete the Employee Information Section, including signature and date.
2. **Time You Began Work:** Indicate the time you began work each day of the designated survey week and circle a.m. or p.m. as applicable. Also indicate your typical start time on those days that you are scheduled to work but you are absent from work. For example, if you ride with another person, on Monday, Tuesday, Wednesday, and Thursday but you are sick on Friday, check off line “C,” “2 persons in vehicle” and indicate the time you began working on each of those four days. Check off line “BB,” “Sick” and indicate what would have been your typical start time on Friday.
3. Please be sure you make only one check mark for each day in rows “A” thru “CC” for the week of the survey. There should be a total of only five (5) check marks on the survey form for the entire five (5) day survey week.
4. **Mode:** Check off line “A” if you drive to work alone in a passenger car, truck, or van. Check off line “B” if you drive to work alone in a motorcycle. Check off one row from line “C” to line “P” for each day of the week you ride in a vehicle occupied by two (2) to fifteen (15) persons. This indicates the number of persons traveling to work together for more than 50% of the total trip distance in each of the corresponding lines. Employees who work for different employers, as well as non-employed people, are included in this count as long as they are in the vehicle for more than 50% of the total trip distance.

For example, if you ride with another person, on Monday and Tuesday, check off line “C,” “2 persons in vehicle” on those two days. If, however, you ride with two other persons on Wednesday and Thursday, you should check off line “D,” “3 persons in vehicle,” on those two days. If you ride to work with three other persons, you should check off line “E,” “4 persons in vehicle,” for that day. If you ride to work in a 7-passenger van, but there are only 5 persons in the vehicle, you should check off line “F” “5 persons in vehicle”. Please always use the number of persons riding in the vehicle (occupancy), not vehicle capacity.

5. **Bus:** Make a check mark on line “Q” for every day that you take a bus to work. You count as a bus rider if you travel to work by bus for more than 50% of the total trip distance.
6. **Rail/Plane:** Make a check mark on line “R” for every day that you take rail to work. You can also use this line if you commute to work by plane. You count as a rail/plane rider if you travel to work by rail or plane for more than 50% of the total trip distance.
7. **Walk or Bicycle:** Make a check mark on line “S” or “T” for every day that you report to work by walking or riding a bicycle respectively. You count as a walker/biker if you walk/bike to work for more than 50% of the total trip distance.
8. **Zero Emission Vehicle:** Make a check mark on line “U” for every day that you commute to work in a zero emission vehicle. Do not check any other rows for that day. If you carpool in a zero emission vehicle, please check off line “U” on that/those day(s). Employees arriving to work in a Plug-In Hybrid Electric Vehicle (PHEV) meet the definition of a zero emission vehicle provided that the entire trip to work is made exclusively under electric power. This applies to plug-in vehicles with all electric range that can travel exclusively under electric power without use of the gasoline engine or cogeneration system
9. **Telecommute:** Make a check mark on the day you telecommute. Telecommuting is defined as working at home, or at a telecommuting center during the entire day. Make a check mark on line “V” if you work at home, or if your commute to a telecommuting center results in a reduction of more than 50% of your commute distance between your home and your worksite.
10. **Noncommuting:** Make a check mark on line “W” to indicate the days you are either outside the SCAQMD jurisdiction (all of Orange County and the non-desert portions of Los Angeles, San Bernardino, and Riverside counties) to complete work assignments, or you generate no vehicle trips associated with arriving at the worksite (e.g., hospital employees, fire fighters, airline employees, etc.)

11. Compressed Work Week Day(s) Off: Make a check mark on line “X” or “Y” or “Z” to indicate your compressed work week day off. Check this only if you were off during the survey week. Please include your typical start time on the day(s) you are on a compressed work week day(s) off.

3/36- work 3 days/12 hours each day; *2 days off*

4/40- work 4 days/10 hours each day; *1 day off*

9/80- work 9 days/80 hours; *1 day off in a 2 week period*

12. Other Days Off: During the week of the survey, if you are on vacation, check “AA” for those days; if you are sick, check “BB” for those days. Please include your typical start time on the day(s) you were off. Check “CC” if you are absent from work for any of the following reasons (other than vacation or sick):

1. Jury duty
2. Military duty
3. Not scheduled to work on that day (other than compressed work day off)
4. Maternity Leave
5. Bereavement Leave
6. Long term Medical/Disability Leave (LOA)

If you have any questions about how to properly complete the survey form, contact your designated Employee Transportation Coordinator _____ at _____.

APPENDIX B

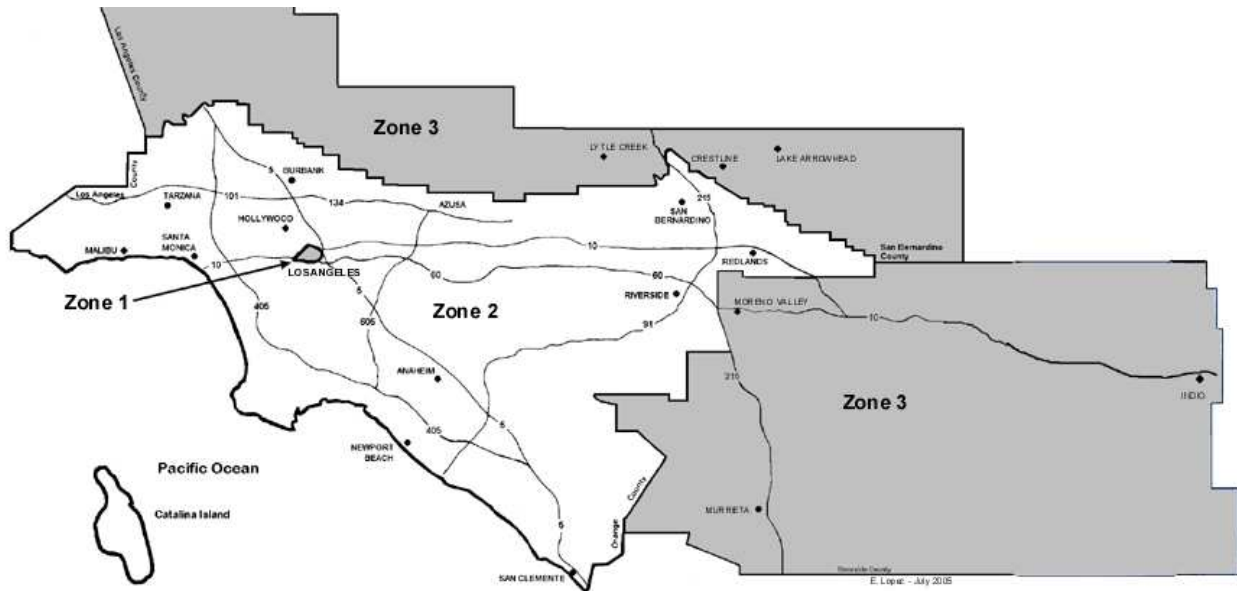
Performance Zones



RULE 2202 - REGISTRATION FORM

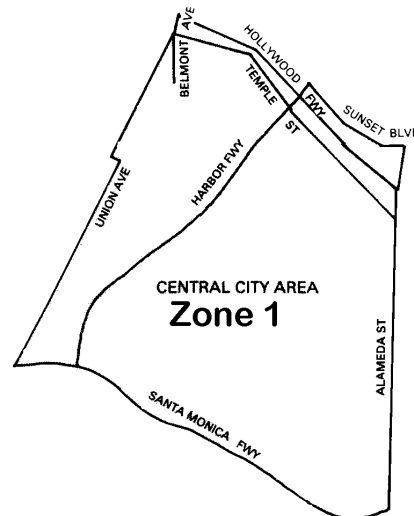
YEAR:

MULTI-SITE ID:



PERFORMANCE ZONES

- A worksite's Performance Zone depends on its location.
- District's Source/Receptor Areas are shown in Attachment 3 of Rule 701 - Air Pollution Emergency Contingency Actions.
- Zone 1 is the Central City Area of Downtown Los Angeles within the AQMD's Source/Receptor Area 1.
- Zone 2 corresponds to the AQMD's Source/Receptor Areas 2 through 12, 16 through 23, and 32 through 35, excluding the Zone 1 - Central City Area.
- Zone 3 corresponds to the AQMD's Source/Receptor Areas 13, 15, 24 through 31, and 36 through 38.



APPENDIX C

AVR Adjustment Off-Peak Credits

- **Off Peak AVR Summary Form**
- **AVR Adjustment –
Off Peak Credits Calculation Form**



RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS

MULTI-SITE ID:

Weekly Employee Survey Summary Form (Off Peak)

SITE ID:

See Instructions on Page 21.

Summarize the commute modes of employees reporting to work outside the designated 6-10 a.m., Monday-Friday window

Days of the week: _____

If different than Monday through Friday, identify the 5 consecutive days above

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
NSE. Surveys with Errors						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Zero Emission Vehicle						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

AA. Vacation						
BB. Sick						
CC. Regular Day Off, Jury Duty, LOA, etc.						
DD. NSR (90% or higher response)						
OO. Peak Trips (Mixed Schedule)						

DAILY TOTALS						
---------------------	--	--	--	--	--	--



RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS

MULTI-SITE ID:

Weekly Employee/Vehicle Calculation (Off Peak) continued

SITE ID:

Weekly Employee Trips

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Zero Emission Vehicle	
V. Telecommute	
W. Noncommuting	

Weekly Vehicles Trips

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Zero Emission Vehicle	0
V. Telecommute	0
W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)

TV. Total Vehicles (NSR through P)

Other Days Off

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc.	
*DD. NSR (90% or higher)	
**OO. Peak Trips (Mixed Schedule)	
EE. Total (ET+AA+BB+CC+DD+OO)	
***OO. Off-Peak	
Add Lines **OO Peak and ***OO Off-Peak	
Subtract Line above from Line EE	
Divide Line above by 5. This is the total number of employees in the Off-Peak	

*DD. No Survey Response for employers that have achieved a 90% or higher survey response rate.

**OO. Peak: See Section V - ETC Instructions, on page 21.

***OO. Off-Peak: Enter the number from line OO. Off-Peak Trips of the Weekly Employee/Vehicle Calculation (Peak), found on page 24. See Section V-ETC Instructions, on page 21.

****The total number of employees in the Off-Peak in this box should match the number reported on Section III, on page 4, (Total Number of Off-Peak Employees).



RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS

MULTI-SITE ID:

SITE ID: _____

APPENDIX C: AVR ADJUSTMENT OFF-PEAK CREDITS

Employers may receive additional credits from employee trip reductions that occur outside of the peak window. This credit may be calculated as follows:

$$AVR = \frac{E}{V - [CCVR \div 2.3]}$$

Where:

- E = Total number of weekly window employees in the peak window.
- V = Total number of weekly window vehicle trips in the peak window.
- CCVR = Weekly Creditable Commute Vehicle Reductions that occur outside of the peak window.
- 2.3 = Discount factor.

1. Enter E - total number of weekly window employee trips in the peak window. (This number is found in Section V, Line ET, on page 24).	
2. Enter V - total number of weekly window vehicle trips in the peak window. (This number is found in Section V, Line TV, on page 24).	
3. Enter total number of weekly window employee trips* in the off-peak window. (This number is found in Appendix C, Line ET, on page 35).	
4. Enter total number of weekly window vehicle trips in the off-peak window. (This number is found in Appendix C, Line TV, on page 35).	
5. Subtract Line 4 from Line 3, and enter the result here.	
6. Divide Line 5 by 2.3 discount factor, and enter the result here.	
7. Subtract Line 6 from Line 2.	
8. Divide Line 1 by Line 7. This is the adjusted AVR for your worksite. Transfer this number to Section V, Line 6 of the AVR Planning Form, on page 25.	

* This number may be calculated by surveying the off-peak employees using the same AVR survey forms found in Appendix A.

APPENDIX D

AVR Adjustment Reduced Staffing



RULE 2202 - REGISTRATION FORM

APPENDIX D - AVR ADJUSTMENT REDUCED STAFFING

YEAR:	<input type="text"/>
MULTI-SITE ID:	<input type="text"/>

SITE ID: _____

APPENDIX D: AVR ADJUSTMENT REDUCED STAFFING

Employers may receive additional trip reduction credits from reduced staffing that occur during events such as school recesses/breaks, inventory, or temporary facility closures. This credit is not allowed for staff reductions resulting from actions such as layoffs, relocations, transfers, facility closures or temporary closures that are part of regularly scheduled facility vacations.

Reduced Staffing Survey Week: First day of survey _____ Last day of survey _____

Survey Response Rate: _____

$$AVR = \frac{En \times T}{[Vn \times Tn] + [Vr \times Tr \times 1.15]}$$

Where:

- En = Total number of weekly window employee trips during the normal operating schedule.
- T = Total number of annual operating workdays for the worksite; = Tn + Tr
- Vn = Total number of weekly window vehicle trips during the normal operating schedule (Section V-1, Line TV, on page 24).
- Tn = Total number of normal operating days for the worksite.
- Vr = Total number of weekly window vehicle trip that occur during the reduced staffing schedule.
- Tr = Total number of days during the reduced staffing schedule.

1. Enter En - total number of weekly window employee trips during the normal operating schedule. (This number is found in Section V, Line ET, on page 24)	
2. Enter Tn - total number of normal operating days for the worksite.	
3. Enter Tr - total number of days during the reduced staffing schedule.	
4. Add Line 2 plus Line 3. Enter the result here.	
5. Multiply Line 1 by Line 4. Enter the result here.	
6. Enter Vn - total number of weekly window vehicle trips during the normal operating schedule. (This number is found in Section V, Line TV, on page 24)	
7. Enter Vr - total number of weekly window vehicle trips that occur during the reduced staffing schedule.	
8. Multiply Line 2 by Line 6. Enter the result here.	
9. Multiply Line 3 by Line 7 by 1.15. Enter the result here.	
10 Add Line 8 plus Line 9. Enter the result here.	
11 Divide Line 5 by Line 10. Enter the result here. Transfer this number to Section V, Line 6 of the AVR Planning Form, on page 25.	

APPENDIX E

AVR Adjustment Non-Regulated Sites



RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX E - AVR ADJUSTMENT NON-REGULATED SITES

MULTI-SITE ID:

APPENDIX E: AVR ADJUSTMENT NON REGULATED SITES

Page: ____ of ____

Provide all information as requested, for each regulated and non-regulated worksite. Please note that employers may voluntarily include worksites with less than 250 employees, and/or employees of other businesses located at the worksite, not subject to the Rule. Employers who choose to voluntarily include non-regulated employees shall refer to Section II-D of the Employee Commute Reduction Program Guidelines.

Photocopy this page as needed.

Site ID # (if available)	Total Employees	Window Employees	Weekly Employee Trips	Weekly Vehicle Trips	Current AVR	Target AVR

Adjusted AVR:

Totals: Weekly Employee Trips / Weekly Vehicle Trips

Adjusted AVR:

Transfer this number to Section V, Line 6 on the AVR Planning Form, on page 25.

APPENDIX F

Multiple AVR Adjustments



APPENDIX F: AVR ADJUSTMENT

Multiple AVR Adjustments

Employers may combine the additional credits from Off-Peak Credits, Reduced Staffing, and Non-Regulated Sites.

- One credit adjustment must be completed before going on to the next.
- You may start the Multiple AVR Adjustment at steps A, B, or C.
- All survey data must be *weekly* employee and *weekly* vehicle trip survey numbers, not daily.

Multiple AVR adjustments should be calculated in the following sequence:	
A. Reduced Staffing Credit (Complete if applicable)	
1. Calculate the AVR for the Reduced Staffing credit and enter the resulting AVR	
2. Enter the number of Weekly Employees used in the Reduced Staffing credit calculation.	
3. Divide the number of Weekly Employees in Line 2 by the Reduced Staffing credit AVR in Line 1, and enter the result here. This is the new adjusted Vehicle-Trips. If you have no Off-Peak Credits skip to Line 7.	
B. Off-Peak Credits. (If you do not have Reduced Staffing Credit from above start with Line 6.)	
4. Enter the adjusted Vehicle Trips from Line 3 above in Appendix C Off-Peak Credit, Line 2.	
5. Continue to calculate the Off-Peak Credits.	
6. Enter the resulting number from Line 7 of the Off-Peak Credit calculation. This is the new Vehicle Trips from your adjustments.	
C. Non-Regulated Worksites	
7. Use the new Vehicle Trips from Line 6 above (or Line 3 if no Off-Peak Credits) as the Weekly Vehicle Trips for the primary worksite in Appendix E - Non-Regulated Sites adjustment calculation.	
8. Complete the calculation for the Non-Regulated Sites.	
9. Enter your adjusted AVR here and on Line 6 in Section V, AVR Planning Form, on page 25.	

APPENDIX G

Employer Clean Fleet Vehicle Purchase/Lease Program



RULE 2202 - REGISTRATION FORM
APPENDIX G - EMPLOYER CLEAN FLEET VEHICLE
PURCHASE / LEASE PROGRAM

YEAR:
 MULTI SITE ID:

SITE ID: _____

APPENDIX G: Employer Clean Fleet Vehicles Purchase/Lease Survey Form

Rule 2202 Employee Commute Reduction Guidelines Section V-C requires employers who have not attained the target AVR and who are acquiring passenger cars or light-duty or medium-duty trucks to acquire Ultra Low Emission Vehicles (ULEV) passenger cars or light-duty trucks or better, or Super Ultra Low Emission Vehicles (SULEV) medium-duty trucks or better, as long as they have four (4) or more vehicles for company operations in the AQMD jurisdiction. To meet this requirement, please complete the information below (Refer to Section V-C, Page 29 of the ECRP Guidelines for information and a list of exempted vehicles).

Section I – Existing Fleet Information

Were any vehicles acquired in the past compliance year?

Yes _____ **No** _____

Are you replacing any vehicles or increasing your fleet during the coming program compliance year?

Yes _____ **No** _____ **Don't Know** _____

If you answered **No** to both questions above, **STOP** here.

If you answered **Yes** to either question please complete the section below and include Section II of this Appendix for review by the AQMD.

If you answered Don't Know, please complete and submit Section II of this Appendix for review by AQMD prior to purchasing or leasing the new vehicles. The new vehicles must meet either the ULEV or SULEV Standards specified in Rule 2202 ECRP Guidelines, Section V-C. This also applies if you know that you are replacing/increasing your fleet during your program compliance year, but you don't know at the time of submittal the type of vehicles to be acquired.

If you answered Yes above, please provide the information below

How many fleet vehicles does your worksite have on-site?

- ___ Passenger Cars
- ___ Light Duty Trucks
- ___ Medium Duty Trucks

How many vehicles are being added?

- ___ Passenger Cars
- ___ Light Duty Trucks
- ___ Medium Duty Trucks

How many vehicles are being replaced?

- ___ Passenger Cars
- ___ Light Duty Trucks
- ___ Medium Duty Trucks



**RULE 2202 - REGISTRATION FORM
APPENDIX G - EMPLOYER CLEAN FLEET VEHICLE
PURCHASE / LEASE PROGRAM**

YEAR:
MULTI-SITE ID:

SITE ID: _____

Section II – Vehicles to be Replaced or Purchased/Leased

Beginning January 1, 2005, fleet operators of 4 or more vehicles shall procure ULEV or SULEV vehicles when adding or replacing vehicles to their vehicle fleet. For additional information, please refer to Employee Commute Reduction Program Guidelines.

To verify if the vehicles being purchased meet the required ULEV or SULEV Certification Standards, visit the California Air Resources Board (ARB) website at: www.arb.ca.gov/msprog/ccvl/ccvl.htm or www.arb.ca.gov/msprog/onroad/cert/cert.php, or directly call the ARB at (800) 242-4450.

**Please list the vehicles being acquired at this regulated worksite:
(Use additional sheets if necessary.)**

Vehicles Being Acquired

VEHICLE MANUFACTURER	FUEL TYPE*	ENGINE FAMILY**	VEHICLE MODEL	MODEL YEAR	IN-SERVICE DATE	DONATED VEHICLE? Y/N

Vehicle Replaced (if applicable)

VEHICLE MANUFACTURER	FUEL TYPE*	ENGINE FAMILY**	VEHICLE MODEL	MODEL YEAR	OUT OF SERVICE DATE	DONATED VEHICLE? Y/N

*DED = Dedicated/Dual Fuel EV = Electric Vehicle FF = Flexible Fuel HYB = Hybrid CNG = Compressed Natural Gas Gas = Gasoline N/A = Not Applicable

** Engine Family name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB)

APPENDIX H

Mobile Source Diesel PM/NO_x Emission Minimization Plan



RULE 2202 - REGISTRATION FORM
APPENDIX H – MOBILE SOURCE DIESEL PM/NO_x
EMISSION MINIMIZATION PLAN

YEAR: _____
 MULTI-SITE ID: _____

SITE ID: _____

APPENDIX H: Mobile Source Diesel PM/NO_x Emission Minimization Plan

Rule 2202 Employee Commute Reduction Guidelines Section V-D requires the submittal of a mobile source diesel PM/NO_x emission minimization plan. To meet this requirement, complete the information below and the attached equipment inventory. These forms must be submitted every (3) three years on your established Employee Commute Reduction Program (ECRP) due date. A copy of this form must be maintained at the worksite.

Section I - General Information

Employer Name: _____
 Contact Name: _____ Title: _____
 Telephone: _____ Email: _____

Section II - 1,000 or More Window Employees

As of THE DATE of this submittal, this worksite has 1000 or more window employees. The total number of window employees at this worksite is _____.

If this box is checked complete Section III.

Section III – On-Site Diesel Equipment Audit

- This worksite does not operate any mobile diesel equipment at this location.
- This worksite generates emissions from on-site, mobile diesel engines. A diesel engine equipment audit has been completed and is attached. Note: AQMD staff will review the audit information and may require the implementation of diesel PM/NO_x reduction strategies that are found technically feasible and meets the cost schedule provided on the reverse side of this form.
- This worksite has previously submitted a Mobile Source Diesel Emission Minimization Plan. Date: _____



Diesel Emissions Minimization Plan
Cost Schedule

Number of Employees	Maximum Cost
1,000-1,499	\$9,000
1,500-1,999	\$13,400
2,000-2,499	\$17,900
2,500-2,999	\$22,400
3,000-3,499	\$26,900
3,500-3,999	\$31,400
4,000-4,499	\$35,800
4,500-4,999	\$40,300
5,000-5,499	\$44,800
5,500-5,999	\$49,300
6,000-6,499	\$53,800
6,500-6,999	\$58,200
7,000-7,499	\$62,700
7,500-7,999	\$67,200
8,000-8,499	\$71,700
8,500-8,999	\$76,200
9,000-9,499	\$80,700
9,500-9,999	\$85,100
10,000 and up	\$89,600

The cost analysis is calculated according to the following equation:

$$\text{Annualized Project Cost} = (\text{Capital Cost} * \text{CRF}) + \text{O\&M}$$

Where:

Capital Cost = One-time cost of the equipment, design, and installation.

CRF = Capital Recovery Factor. For a 10 year default life with a 4% real interest rate the CRF is 0.123.

O&M = Operation and maintenance cost for 1 year.

For additional information, please refer to Rule 2202 Employee Commute Reduction Guidelines, Page 30, Section D.



RULE 2202 - REGISTRATION FORM

APPENDIX H - MOBILE SOURCE DIESEL PM/NO_x EMISSION MINIMIZATION PLAN

YEAR:

MULTI SITE ID:

Date _____

Facility Name _____

Facility ID# _____

**Rule 2202 Diesel Emissions Minimization Plan
Equipment Inventory (*Off-Road equipment only)**

Number of Vehicles / Engines	Vehicle Make/Model	Equipment Type	Engine Manufacturer	**Engine Family Name	Model Year	Engine Rating (bhp)	Fuel Type	Fuel Use (gal/yr)	Pollution Control Equipment (Y or N)		
									PM Traps	Oxy Catalyst	Other
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

*See instructions on next page under Equipment Type

**Engine Family Name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB).



Instructions

Rule 2202 Diesel Emissions Minimization Plan Equipment Inventory (This applies to Off-Road equipment only)

Number of Vehicles. Complete all information for diesel-powered vehicles that operate at the facility, or provide service to multi-site facilities. This could include fork lifts, man lifts, riding lawnmowers, tractors, service vehicles, etc. Information on identical engines may be aggregated for each type of vehicle.

Vehicle Make and Model. For diesel-powered vehicles, list the vehicle manufacturer (e.g., Ford, Caterpillar) and the model (e.g., Dodge Ram).

Equipment Type. State the type of diesel powered equipment not licensed by the DMV to be used on public roadways (e.g. Tractor, Fork Lift, Man Lift, Riding Lawnmowers. etc.).

Engine Manufacturer. State the engine manufacturer (e.g., Cummins).

Engine Family Name. Engine Family Name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB).

Model Year. List the model year of the engine. If the vehicle’s original engine has been replaced, give the model year of the new engine.

Engine Rating (bhp). List the engine’s brake horsepower.

Fuel Type. State the type of fuel that is used in the engine (e.g., #2 diesel, ultra-low sulfur diesel, diesel emulsion, biodiesel, etc.).

Fuel Use. Estimate the annual fuel use (gallons per year) from annual vehicle mileage or from fuel meters, engine hour gauge or fuel records.

Air Pollution Control Equipment. Indicate “Yes” or “No” if the engine is equipped with either a particulate trap or an oxidation catalyst. If the engine utilizes emission control technologies, other than particulate traps or oxidation catalysts, provide a brief description of the control technology in the “Other” box. Examples include fuel additives and advanced emission control technologies, such as NOx catalysts.

APPENDIX I

CENTRALIZED RIDESHARE SERVICE CENTER



CENTRALIZED RIDESHARE SERVICE CENTER

Instructions

According to *Rule 2202 EMPLOYEE COMMUTE REDUCTION PROGRAM GUIDELINES, (Page 20)*, the Centralized Rideshare Service Center (CRSC) is a strategy that may be used by employers submitting a Multi-Site program that will provide equivalent services in lieu of having a trained person at each worksite. Requests for approval of a CRSC must be made in writing and be included with each Multi-Site Annual Employee Commute Reduction Program submittal. The request must describe the CRSC in detail and show how it will provide equivalent ETC services to the specific worksite(s). AQMD staff will review each request on a case by case basis to determine whether the CRSC meets the following criteria:

- Identifies the trained ETC that is at the CRSC facility location and demonstrates availability and accessibility to the ETC by all company employees;
- Demonstrates that the ECRP is adequately marketed and implemented at each specific site; and
- Ensures that all other sites in the Multi-Site program submittal have identified a site contact person who:
 - Has knowledge of the employer's Employee Commute Reduction Program;
 - Has knowledge of the employer's marketing methods;
 - Is available to meet with AQMD compliance staff.

Requests must be submitted in the following order and must contain all elements.

- Must define the process of employee access to rideshare matching and rideshare information including descriptions of site specific incentives that demonstrates how it will provide equivalent to an on-site ETC for employees at each site.
- Must demonstrate in definitive terms how each site will market, implement and maintain records in a manner that is equivalent to an On-Site Coordinator.
- Must define how the responsible ETC will be available to AQMD inspectors and identify the person by name.
- Must demonstrate in definitive terms that the responsible ETC is available, on an on-going basis to all employees reporting to work in the designated window.



RULE 2202 - REGISTRATION FORM
APPENDIX I – Centralized Rideshare
Service Center

YEAR:

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MULTI-SITE ID:

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The following Centralized Rideshare Service Center elements are recommended to be considered when preparing the proposal to demonstrate equivalent services at the worksite(s):

- Centralized center or kiosk that has rideshare literature available to employees. Who will administer or maintain rideshare information, bus schedules, flyers, promotions, match lists, zip code lists, air quality information, newsletter, orientations, rideshare registrations etc.
- Availability of contact person to assist those who have basic questions/requests relating to ridesharing. Who/How will answer rideshare, transit, etc., questions? Who will issue transit passes, tokens, tickets? How often?
- ETC name and telephone number, work location and availability (hours and time periods when ETC will be at the worksite).
- ETC visitation schedule to all worksites.
- Maintain copy of Employee Commute Reduction Program at worksites.
- How does Guaranteed Ride Home program work at the sites? Who provides emergency ride services to ridesharing employees?
- How the monitoring and implementation of all strategies listed in program to be administered (point programs, direct subsidies, drawings, promotional events, recognition, etc.)
- Who will be available for AQMD inspections?



RULE 2202 - REGISTRATION FORM
APPENDIX I – Centralized Rideshare
Service Center

YEAR: _____
MULTI-SITE ID: _____

Centralized Rideshare Service Center

Page: _____ of _____

Describe in complete details how your Rideshare Service Center will provide equivalent services to employees participating in the rideshare program as outlined in the Rideshare Service Center instructions.

If you need additional space, photocopy this form as needed.

APPENDIX J

PARKING CASH-OUT PROGRAM



RULE 2202 - REGISTRATION FORM APPENDIX J – Parking Cash Out Program

YEAR:
MULTI-SITE ID:

APPENDIX J. - Parking Cash-Out

Site ID#:

The State’s Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space. For additional information on Parking Cash-Out, including applicability, please visit CARB’s web page: www.arb.ca.gov/planning/tsaq/cashout/cashout.htm.

For additional information regarding the Parking Cash-Out Program requirements, please refer to Rule 2202 ECRP Guidelines, Section V-B.

- A.** Does your worksite lease parking spaces for employees? Yes No
- Is your worksite’s AVR or AGREGATED AVR **below** your target AVR (1.30, 1.50, or 1.75)? Yes No
- Did the current AVR remain the same or decreased in comparison to the Annual Program submitted the prior year? Yes No

IF YOU ANSWERED NO TO ANY OF THE QUESTIONS ABOVE, STOP HERE AND GO TO SECTION III (p. 4). IF YOU ANSWERED YES TO ALL OF THE QUESTIONS ABOVE, AND YOUR WORKSITE IS NOT IMPLEMENTING A PARKING CASH-OUT PROGRAM UNDER RULE 2202, PLEASE INDICATE THE REASON(S) IN ITEM B; OTHERWISE PLEASE PROVIDE THE REQUESTED INFORMATION IN ITEM C.

- B.** Number of Leased Parking spaces cannot be reduced without penalty in lease agreement Leased Parking cannot be unbundled from building lease
- Employees are charged full cost of parking

IF YOU CHECKED ANY OF THE BOXES IN ITEM B, STOP HERE AND GO TO SECTION III (p. 4). IF NOT, YOUR WORKSITE IS REQUIRED TO IMPLEMENT A PARKING CASH-OUT PROGRAM (H&S CODE § 43845 AND ECRP GUIDELINES, SECTION V-B). PLEASE PROVIDE THE REQUESTED INFORMATION IN ITEM C.

C.

- How many total parking spaces are there for this worksite? _____
➤ How many of those parking spaces do you lease for this worksite? _____
- How many employees receive subsidies instead of the parking space? _____
- What is the subsidy amount per space? \$_____
- To your knowledge, how are employees identified in question #2 commuting to work?
(Please provide the number of employees)
Carpool _____ Vanpool _____ Transit _____ Walk _____ Bike _____ Don't know _____
- By implementing a Parking Cash-Out program, has your worksite reduced the number of leased parking spaces?
Yes _____ No _____ Don't know _____
➤ If yes, how many parking spaces? _____
➤ Are any of these parking spaces now being used for non-parking purposes?
Yes _____ No _____ Don't know _____

Note: Use additional pages if other details will help in explaining your site specific parking situation.

APPENDIX K

RULE 2202 IMPLEMENTATION SUPPORT RESOURCES



RULE 2202 - REGISTRATION FORM
APPENDIX K – Rule 2202 Support Resources

YEAR:
MULTI-SITE ID:

APPENDIX K – Rule 2202 Implementation Support Resources

All documents are available for download by accessing our website at <http://www.aqmd.gov/trans>. If Internet access is unavailable, you may request the paper version be sent to you by calling the Transportation Programs Hotline at (909) 396-3271.

- Rule 2202 – On-Road Motor Vehicle Mitigation Options
- Rule 308 – On-Road Motor Vehicle Mitigation Options Fees
- Rule 311 – Air Quality Investment Program (AQIP) Fees
- Rule 313 – Authority to Adjust Fees and Due Dates
- Rule 2202 – Technical Assistance Staff
- Rule 2202 – Employee Commute Reduction Program Training Schedule
- Rule 2202 – Exemption Request Form
- Rule 2202 – List of Holidays
- Transportation Management Associations and Organizations
- Mobile Source Emission Reduction Credits (MSERCs) - Vendors
- Rule 2202 - Employee Commute Reduction Program – Annual Program Compliance Forms
Single Site _____ Multi-Site _____
- Rule 2202 – Implementation Guidelines
- Rule 2202 – Employee Commute Reduction Program Guidelines
- Rule 2202 – Employee Commute Reduction Program – Technical Evaluation Overview
- Rule 2202 - Employee Commute Reduction Program – Confused About Compliance?
- Information on California’s Parking Cash-Out Program



RULE 2202 - REGISTRATION FORM

APPENDIX K – Rule 2202 Support Resources

YEAR:
MULTI-SITE ID:

USEFUL PHONE NUMBERS:

- ❖ Transportation Programs Hotline: (909) 396-3271
- ❖ Transportation Programs Fee Line: (909) 396-FEES (3337)
- ❖ Transportation ETC Training Line: (909) 396-2777
- ❖ Transportation Plan Evaluators: (909) 396-3271
- ❖ Transportation Programs Fax: (909) 396-3306

INTERNET:

AQMD's Transportation Programs Website:

<http://www.aqmd.gov/trans>

ARB's Certified Vehicle List Website:

<http://www.arb.ca.gov/msprog/msprog.htm>

ARB's On-Road New Vehicle & Engine Certification Program:

<http://www.arb.ca.gov/html/eo.htm>

AQMD's Programs Phone Numbers:

http://www.aqmd.gov/phone/imp_phone_numbers.html

AQMD's Technology Advancement Programs Lead Staff Website:

<http://www.aqmd.gov/tao/about.html>

AQMD's Publications and Videos Website

<http://www.aqmd.gov/pubinfo/webpubs.htm>