



South Coast Air Quality Management District
 21865 Copley Drive
 Diamond Bar, CA 91765
 Transportation Hotline
 (909) 396-3271

RULE 2202 EXEMPTION REQUEST FORM

Check the applicable box and complete the information below. Documentation must be maintained at the worksite indicated below for verification of the applicable exemption.

Section I - General Information (Name and Address of Organization)

Site ID #: _____

Employer Name: _____

Street Number (N, S, E, W) Name Type (St., Ave., Blvd.)

Unit/Suite Location/Mail Stop

City State Zip Code + 4 County (LA, OC, RS, SB)

Mailing Address (if different from site address): _____

City State Zip Code + 4

Section II - Less than 250 Employees at the Worksite

The worksite indicated above has had fewer than 250 employees for the prior consecutive six month period. Provided below are the monthly totals calculated as a monthly average and the six month average.

Jan _____ Apr _____ Jul _____ Oct _____
 Feb _____ May _____ Aug _____ Nov _____
 Mar _____ Jun _____ Sep _____ Dec _____

6 Month Employee Average _____

Section III - Less than 33 Employees in the Window

The worksite indicated above has had fewer than 33 employees reporting to work between 6am - 10am, Monday through Friday for the prior consecutive 90 days.

Number of Employees in the Window = _____

Section IV - Bankruptcy

The worksite indicated above has declared bankruptcy through judicial court filing and confirmation process.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND SUBMITTED WITH THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF RESPONSIBLE OFFICIAL: _____ DATE: ____/____/____

PRINT NAME: _____ TITLE: _____

NAME OF CONTACT PERSON: _____ TITLE: _____ PHONE NO.: _____
 Email: _____

THIS FORM MUST BE SIGNED BY THE HIGHEST RANKING EMPLOYEE AT THIS WORKSITE OR THE EXECUTIVE OFFICER RESPONSIBLE FOR ALLOCATING THE RESOURCES NECESSARY TO IMPLEMENT THE PROGRAM.