



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 **equipment**.

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: Fixed Location Various Location (For equipment operated at various locations, provide main facility address.)	5. Correspondence Information: Check here if same as equipment location address
Street Address _____, CA _____	Address _____
City _____ 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)(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 #		