



South Coast Air Quality Management District

Form 222-OCS

Registration for Equipment in the Outer Continental Shelf (OCS) under the Portable Equipment Registration Program (PERP)



Complete one form per PERP registered 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): <input type="checkbox"/> Check here if change of operator		

Section B - Equipment Location Address Section C - Business Mailing Address

4. Equipment Location Is:		5. Correspondence Information: <input type="checkbox"/> 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(b) TABLE I - Engines registered under the statewide Portable Equipment Registration Program (PERP) used in the Outer Continental Shelf (OCS). (Amended May 5, 2017)

6.

Engine Manufacturer: _____

Engine Model No.: _____

Engine Serial No.: _____

Engine Rating: _____ BHP

Fuel Type: _____

Current Active PERP Registration #: _____

Date of Equipment Delivery to Facility Location: _____

Fees are updated on July 1 of each year.

For current fees, please see Rule 301 or go to <http://www.aqmd.gov/home/permits/equipment-registration/rule-222-filing-program> .

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