



South Coast Air Quality Management District

Form 222-RT

Registration for Internal Combustion Engine at Remote Radio Transmission Towers



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):	<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

6. Rule 222 TABLE I - INTERNAL COMBUSTION ENGINE is any 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, compressed natural gas (CNG) or liquefied petroleum gas (LPG). (Amended May 5, 2017)

Engine Manufacturer: _____

Engine Model No.: _____

Engine 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's proposed location?

NO YES If YES, you will need to obtain a Permit for the internal combustion engine.

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 #