



South Coast Air Quality Management District
Form 222-FO
Registration for Food Oven

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov



Complete one form per equipment.

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(c)(12) FOOD OVEN is any equipment used exclusively for food preparation, has a rated maximum heat input capacity of 2,000,000 Btu per hour or less, and is exclusively fired on natural gas and where the process VOC emissions are less than one pound per day, exempt from a written permit pursuant to Rule 219 (b)(2). *(Amended May 5, 2017)*

Oven Manufacturer: _____

Oven Model No.: _____

Oven Serial No.: _____

Maximum Heat Input Capacity: _____ BTU/hr

Types of Fuel Burned: _____

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