RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

Section I - General Information

Employer/Organization Name:

Worksite Address: _____

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

_____

Unit / Suite   Location / Mail stop

_____

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

Contact Name: Mr./Mrs./ Ms.

(Circle one)   Name   Title

Mailing Address:
(If different from site address)

Phone Number: (_____)_____   E-Mail Address:
Area Code

Fax Number: (_____)_____
Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: Mr./Mrs./ Ms.

(Circle one)   Name   Title

Mailing Address:
(If different from site address)

Phone Number: (_____)_____   E-Mail Address:
Area Code

Fax Number: (_____)_____
Area Code

Has this person completed the Rule 2202 ETC Training?

Yes_____ (If Yes, please attach copy of certificate, unless previously submitted)

No _____ (If No, please provide date you are scheduled to attend)_____

Highest Ranking Official at this Site: Mr./Mrs./ Ms.

(Circle one)   Name   Title

Mailing Address:
(If different from site address)

Phone Number: (_____)_____   E-Mail Address:
Area Code

Fax Number: (_____)_____
Area Code

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official or individual responsible for allocating program resources:

_____**Date:**_____

Section I (continued)

Worksite Employment:

- Total number of employees reporting to this worksite**: _____**

- Total number of employees reporting to this worksite within the designated peak window**: _____**

- If you excluded Police/Sheriff/Federal Field Agents from the peak window employees, please indicate the total number of agents excluded: _____ (Partially reporting these employees is not acceptable)

- Total number of fleet vehicles located at this worksite: _____ (Note: This information is only required from those employers filing an Employee Commute Reduction Program and have not met the corresponding Performance Zone Target AVR)

Check One Box Only

Select Type of Program: ☐ **Air Quality Investment Program** (Complete Sections I, II) pages 1-3.

☐ **Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-9 and corresponding Appendices, if applicable.

☐ **Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25 and corresponding Appendices, if applicable.

☐ **Employee Commute Reduction Program Offset** (Complete Sections I, IV-1, and IV-3) pages 1-2, 5-9, and 26, and corresponding Appendices, if applicable.

☐ **Employee Commute Reduction Program High AVR No Fault Inspection** (Complete Sections I, IV) pages 1-2 and 5-9, and corresponding Appendices, if applicable. Include your Compliance Pass Letter (No Filing Fee Required).
Note: This type of program cannot be used when filing a first year program.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 Copley Drive
Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1st. Please call our Transportation Fee Line at (909) 396-FEES for latest information, or visit our Web Site at www.aqmd.gov to download Rule 308 and Rule 311.

Site Street Address, City, Zip	Total # of Employees	Amount Due
Late Fees, if applicable: (50% of filing fee)		
Total Fees Submitted:		

Section II -	Air Quality Investment Program (AQIP) Option	
1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period excluding those weeks which include a national holiday.		
If this is an Annual Option or the first year of a Three-Year Option GO TO Line 2. If this is the second or third year of a Three-Year Option GO TO Lines 3 and 4.		
2. Multiply Line 1 times the dollar amount for annual or three-year option and enter that amount and **STOP** here. **Check one**: Annual $60 _____ Three-Year $125 _____ **Remit this amount plus the Filing Fee**	$	
3. Second or Third Year of a Three-Year Option Enter the additional number of employees relative to the first year of the Three-Year Option.		
4. Multiply Line 3 times $60 and enter that amount and **STOP** here. **Remit this amount plus the Filing Fee**	$	

If you are using the AQIP option to comply with Rule 2202, STOP here and submit only completed pages 1, 2, and 3 of this package.