



South Coast Air Quality Management District
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**Rule 2202 – On Road Motor Vehicle Mitigation Options
Multi-Site
Compliance Forms
For Employee Commute Reduction Program**

Revised August 2007

Cleaning the air that we breathe....



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RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section III: AVR Summary Peak Employees

Provide all information, as requested, for each worksite in multi-site submittal. Photocopy this page as needed.

Site ID #	Peak Window Employees	# of Peak Surveys Returned	Peak Survey Response Rate	Weekly Peak Employee Trips	Weekly Peak Vehicle Trips	Current AVR	Prior Year AVR	Survey Week	Number of Fleet Vehicles	*Police/Sheriff

- *If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, indicate how many per site. Partially reporting these employees is not acceptable.
- To obtain aggregate AVR for sites located within the same AVR target area, divide the total number of employee trips (for all sites) by the total number of vehicle trips (for all sites).

Aggregating AVR (optional)

Total Weekly Employee Trips	÷	Total Weekly Vehicle Trips	=	Aggregate AVR
	÷		=	

- Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument.

District Approved AVR Survey

Other Certification Number: _____ Date: _____

(Alternative methods; e.g., Random Sample or Record-Keeping; requires prior AQMD approval and an additional certification fee for alternative methods. See Rule 308: (c) (2) (G))

Specific location where AVR verification data are stored

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Section IV: Good Faith Effort Determination Elements

MARKETING STRATEGIES

Employers who have not attained the target AVR must select at least five (5) Marketing Strategies to be implemented at each site by inserting the appropriate frequency code inside the box from the following:

***Frequency Codes Table:**

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

Attendance at a Marketing Class, at least Annually (must submit proof of attendance)

Direct Communication by CEO, at least Annually (written)

Employer Newsletter Distributed at least Quarterly, or Rideshare Website with Notices to Employees, at least Quarterly

Employer Rideshare Events, at least Annually

Flyer/Announcements/Memo/Letter to Employees, at least Quarterly

New Hire Orientation, as needed

Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks

Rideshare Meetings/ Focus Group(s), at least Semi-Annually

Other Marketing Strategies (please specify below):



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Section IV: BASIC/SUPPORT STRATEGIES

Complete the information for the corresponding basic/support strategies that were previously chosen on page 7. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency Codes whenever applicable for the strategies being implemented. The Frequency Code* is defined as how often the employer is awarding the benefit or strategy.

* Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)
<input type="text"/>	

Commuter Choice Program - A monthly transportation fringe benefit used exclusively for regular direct commutes by public transit or vanpools from home to work, and does not exceed the average monthly commuting cost based on a 20-day month. Employers can pay for their employees to commute by transit or vanpool, up to a limit of \$110/month and get a tax deduction for the expense, or employers can allow employees to set aside up to \$110/month of pre-tax income to pay for transit or vanpooling. This amount of an employee's salary is not subject to income tax.

Flex Time Schedules - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered. (Do not use this section unless flex time is linked to your rideshare program.)

<input type="checkbox"/> Grace Period	<input type="checkbox"/> Shift Flexibility	<input type="checkbox"/> 15 Minutes
<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> 45 Minutes	<input type="checkbox"/> 60 Minutes
<input type="checkbox"/> Other (in minutes)	<input type="text"/>	

Does a written policy exist? Yes No

Guaranteed Return Trip - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

- Personal Emergency Situation
- Unplanned Business-related Activities
- Planned Business-related Activities
- Other (specify)



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Guaranteed Return Trip will be provided by utilizing one or more of the following transportation modes or options:

Employer Vehicle

TMA/TMO Provided

Supervisor or Fellow Employee

Rental car

Taxi

Other
(specify)

Personalized Commute Assistance – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

Organize Focus Group(s) or Task Force(s)

Coordinate the Formation of Carpools/Vanpools

Assist in Identifying Park & Ride Lots

Assist in Identifying Bicycle and Pedestrian Routes

Assist in Providing Personalized Transit Routes and Schedule Information

Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

Preferential Parking for Ridesharers - The employer provides eligible employees with preferential parking spaces to park their vehicles. These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

Number of Preferential Parking Spaces

Minimum Number of Persons (per vehicle) Required to be Eligible

Minimum Number of Days or % of Ridesharing Required to be Eligible

Method of Vehicle Identification (i.e. tags, stickers, license plate No.)



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YEAR:

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Rideshare Matching Services – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees, at least annually.

Check all that apply:

Employer Based System

TMA/TMO System

Regional Commute Management Agency

Zip Code Lists/Maps

How and when do you match people (*check all that apply*):

Frequency*

During New Hire Orientation

As Part of an Employer Wide Survey

On Demand

Transit Information Center - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

Yes

No

Location of Transit Information:



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Other Basic/Support Strategies - The employer can provide other types of basic/support strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.



RULE 2202 - REGISTRATION FORM

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Section IV: DIRECT STRATEGIES

Complete the information for the corresponding direct strategies that were previously chosen on page 7. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency and Eligibility Codes whenever applicable for the strategies being implemented. The Frequency Code* is defined as how often the employer is awarding the benefit or strategy. The Eligibility Code** is defined as the unit of measurement used for participation eligibility.

*Frequency Codes Table:

How Often is Benefit Provided	
D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)
<input type="text"/>	

**Eligibility Codes Table:

Unit of Measurement
D = Daily participation
DW = Days/Week
DM = Days/Month
WD = % of Working Days
O = Other (specify)
<input type="text"/>

***Minimum Requirement

The Minimum Requirement
The actual number of days or % of time the employee must participate in order to qualify.

Auto Services - The employer provides auto services for employees participating in the employee commute reduction program. Each employee will receive the following: *(check each element that applies).*

	Services	Average Value	Frequency Code*	Eligibility Code**	Minimum Requirement***
	Fuel				
	Oil				
	Tune-Up				
	Repair Certificate				
	Car Wash				
	Other (specify below)				
<input type="text"/>					

Bicycle Program - The employer provides eligible employees who commute by bicycle with biking equipment, special meetings, or other bike related services.

<i>Check each element that applies</i>		Frequency Code*	Eligibility Code**	Minimum Requirement***
	Bicycle Matching/Meetings			
	Shoes/Clothing/Helmets/Locks/etc.			
	Bicycle Repairs/Kits			
	Discounts at Local Bike Shops			
	Other (specify below)			
<input type="text"/>				



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Carpool Program - The employer provides eligible employees with a carpool program designed to encourage the use of existing carpools or the development of new carpools.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle				
3 person vehicle				
4 person vehicle				
5 person vehicle				
6 person vehicle				

Compressed Work Week - A Compressed Work Week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?

Yes

No

The Compressed Work Week schedule is offered to:

All employees

Eligible employees/Depts.

Please enter the number of employees for each type of CWW used:

		Current No. Emp.	Projected No. Emp.
<input type="checkbox"/>	3/36 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	4/40 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	9/80 Compressed Work Week	<input type="text"/>	<input type="text"/>



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Direct Financial Awards - The employer, or other funding source, provides eligible employees with direct cash awards for participation in the employee commute reduction program.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle				
3 person vehicle				
4 person vehicle				
5 person vehicle				
6 person vehicle				
Vanpool (7 – 15)				
Bus				
Rail/plane				
Walk				
Bicycle				
Telecommuting				

Discounted/Free Meals - The employer provides eligible employees with free or discounted meals for their participation in the employee commute reduction program.

<input type="checkbox"/>	The employer provides eligible employees free meals
<input type="checkbox"/>	The employer provides eligible employees discounted meals

Participation in the employer's discounted/free meals program is as follows:

Average Value Per Meal	Frequency Code*	Eligibility Code**	Minimum Requirement***



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Employee Clean Vehicle Purchase Program - The employer provides eligible employees incentives to purchase ULEV passenger cars or better, ULEV light-duty trucks or better, or SULEV medium-duty trucks or better.

Average Value of Incentive	Frequency Code*	Eligibility Code**	Minimum Requirement***

The program consists of:

(Check each element that applies.)

<input type="checkbox"/>	Credit Union/Bank/Financial Institution Loan Rate Discounts
<input type="checkbox"/>	Employer Direct Financial Incentives or Subsidies
<input type="checkbox"/>	Employer Sponsored Benefits
<input type="checkbox"/>	Other (specify)

Gift Certificates - The employer provides gift certificates to all eligible employees for participation in the employee commute reduction program.

Average Value Per Gift	Frequency Code*	Eligibility Code**	Minimum Requirement***

Off-Peak Rideshare Program - The employer may voluntarily expand its employee commute reduction program to include employees who commute outside of the designated peak window. Please check off all Employee Commute Reduction Strategies that your worksite will be implementing for employees who are scheduled to report to work during the off-peak period, or check the box below if all strategies offered to peak employees will also be offered to off-peak employees.

Check here if all strategies offered to peak employees will also be offered to off-peak employees

Off-Peak Basic/Support Strategies

- | | |
|--|---|
| <input type="checkbox"/> Commuter Choice Program | <input type="checkbox"/> Preferential Parking for Ridesharers |
| <input type="checkbox"/> Flex Time Schedules | <input type="checkbox"/> Rideshare Matching Services |
| <input type="checkbox"/> Guaranteed Return Trip | <input type="checkbox"/> Transit Information Center |
| <input type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Other (specify below) |



RULE 2202 - REGISTRATION FORM

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Off-Peak Rideshare Program (cont.)

Off-Peak Direct Strategies

<input type="checkbox"/> Auto Services	<input type="checkbox"/> Parking Charge/Subsidy
<input type="checkbox"/> Bicycle Program	<input type="checkbox"/> Points Program
<input type="checkbox"/> Carpool Program	<input type="checkbox"/> Prize Drawings
<input type="checkbox"/> Compressed Work Week	<input type="checkbox"/> Start-up Incentives
<input type="checkbox"/> Direct Financial Awards	<input type="checkbox"/> Telecommuting
<input type="checkbox"/> Discounted or Free Meals	<input type="checkbox"/> Time Off with Pay
<input type="checkbox"/> Employee Clean Vehicle Purchases	<input type="checkbox"/> Transit Subsidy
<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Vanpool Program
<input type="checkbox"/> Off Peak Rideshare Program	<input type="checkbox"/> Other (Specify) _____

Parking Charge/Subsidy – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Monthly Rate

Employee Parking Charge Per Space: \$

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (*check each mode that applies*):

	Mode	Subsidy Per Space	Frequency Code*	Eligibility Code**	Minimum Requirement***
	2 person vehicle				
	3 person vehicle				
	4 person vehicle				
	5 person vehicle				
	6 person vehicle				
	Vanpool (7 – 15)				
	Bus				
	Rail/plane				
	Walk				
	Bicycle				
	Telecommuting				



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Parking Cash Out/Parking Management Strategies

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

IF YOU ARE IMPLEMENTING PARKING CASH OUT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Parking Cash Out Program was implemented? _____

How many parking spaces fall under the parking Cash Out State requirement? _____

How many employees will receive subsidies instead of the parking space? _____ **\$Amount per space: _____**

Is there street parking or alternative parking close to your facility?

Yes	No	How Far? (miles)
-----	----	------------------

How is the program monitored?

On-Site Security	Card Reader	Honor System	Other

Please add pages if other details will help in explaining your site specific parking situation.

Points Program - Employees earn points for each day of participation in the employee commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point	Per # of Points	Frequency Code*	Eligibility Code**	Minimum Requirement***
\$				

Prize Drawings - The employer provides eligible employees with a chance to win prizes for participation in the employee commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Frequency Code*	Eligibility Code**	Minimum Requirement***



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Start Up Incentive – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and generally provided over a short period of time.

Mode	Award Amount	Duration	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool (7 – 15)					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					

Is Incentive offered by: **Employer** **Other**

If Other, please provide name of entity: _____

Telecommuting - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist? **Yes** **No**

Telecommuting is offered to: **All Employees** **Eligible employees/Depts.**

The employer telecommuting program consists of:

(Check each element that applies.)

Orientation / Training Sessions

Working at Home # of Days per Week

Working at Telecommuting Center # of Days per Week

Other (specify)

Please enter the number of program participants:

	Current No. Empl.	Projected No. Empl.
Work at Home	<input type="text"/>	<input type="text"/>
Work at Telecommuting Center	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>



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Time Off with Pay - The employer provides eligible employees additional time off with pay for participation in the employee commute reduction program.

Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time Off Earned	Units: M = Minutes H = Hours D = Days
	Each day of participation			
	Per Month			
	Per Quarter:			
	Per Year:			

Maximum amount (if any) of earned time off that can be accumulated within a one-year period:

Number of minutes, hours, days	Unit of time off earned	Units: M = Minutes H = Hours D = Days
<input type="text"/>	<input type="text"/>	

Transit Subsidy - The employer provides eligible employees a bus and/or rail subsidy for participation in the employee commute reduction program.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
Bus				
Rail				

Do you offer any other type of transit program to employees? **Yes** **No**

If Yes, please explain:



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Vanpool Program - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

Employer owned/leased

Employee owned/leased

Third-party owned/leased

Total number of vans participating in program

Employer provided insurance

Employer provided fuel/maintenance

Employer provides cash subsidies for vanpoolers

Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

If empty seats are subsidized, how much?

per seat

How long?

Do you offer any other type of vanpool program to employees?

Yes

No

If Yes, please explain:



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Other Direct Strategies - The employer can provide other types of direct strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.

**RULE 2202 ON-ROAD MOTOR VEHICLE MITIGATION OPTIONS
MULTI-SITE COMPLIANCE FORMS**

SECTION V

AVR Individual Site Information

To be completed for each individual site listed in this multi-site submittal



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

ETC Instructions for Completing the Weekly AVR Calculations

Determine if you wish to survey and calculate AVR solely on the peak window employees, or if you would also like to claim the optional off-peak credit as well. If all employees were surveyed to capture both the peak and off-peak credit, then separate the surveys into three stacks:

- ❖ One stack for all those employees who reported for work only in the 6:00 - 10:00 a.m. window (peak).
 - ❖ The second stack is for those who worked at anytime both in the peak window and outside of the window that week (mixed schedule); and
 - ❖ The last stack of surveys would be everyone who works strictly outside the 6:00 - 10:00 a.m. window (off-peak) for the five days of the survey week.
1. Beginning with the "peak only" surveys, total the number of responses for each mode and for each day and enter the daily total in the appropriate boxes on the Weekly Employee Survey Summary Form.
 2. Now add the mixed schedule survey information to the same Weekly Employee Survey Summary Form for those employees who worked in the peak. The mixed schedule must be the same five days as the peak.
 - ❖ For the days they worked in the peak, tabulate their mode as usual.
 - ❖ For the days worked in the off-peak, tabulate those totals on line "OO" Off-Peak. This way you are tabulating five answers for each person.
 - ❖ Total each row going across for the Total of the week.
 - ❖ Total each column going down per day for the Daily Total.
 - ❖ The Daily Total should match the total number of employees in the window which was reported on page 4, Peak Window Employee Column. These totals will be used for your peak AVR calculation on page 26.
 3. You must account for all missing surveys which would be considered as "no survey response (NSR)". Be sure and enter the daily total for each day.
 - ❖ If the response rate is 60-89%, put the totals in line NSR.
 - ❖ If the response rate was 90% or higher, put the totals in line DD.
 4. Now for the third stack of surveys in the off-peak. Go through the same process for all of those employees who worked only in the off-peak and include the mixed schedule surveys. However, this time use the Off-Peak Weekly Employee Survey Summary Form on page 35.
 - ❖ Count the mode that the employee chose while working the days in the off-peak. Then for the days they worked outside of the off-peak (or in the window) tabulate those responses on line "OO" Peak.
 - ❖ It's important to realize that you are tabulating five answers for each person.
 - ❖ The Daily Totals for the off-peak may represent more answers than what the true off peak number is. Don't worry about this yet, it will balance out later.

Instructions for Completing the Weekly Employee/Vehicle Calculation Form (Peak) on Pages 24-25:

5. Transfer the weekly totals from last column in the Weekly Employee Survey Summary Form to the corresponding category in Column I of the Weekly Employee/Vehicle Calculation Form.
6. Perform the operations indicated in Column II and enter the results there. For example: Total number of drive alone employee trips should be divided by 1; total number of employee trips made in "3 persons in vehicle" should be divided by 3; etc.
7. Add line NSR thru Z from Column 1 and enter total in line "ET". This number represents the total weekly employee trips. Add lines NSR thru W in Column II and enter total in line "TV". This number represents the total weekly vehicle trips.
8. Add ET + AA + BB + CC + DD + OO (if applicable) and enter result in line "EE", Column 1.
9. Enter the number of employees reporting within window in line "FF", multiply by 5, and enter result in line "GG". Number of employees in window (line "FF") must correspond with number given on page 4, Peak Window Employee Column.
10. Be sure that line EE equals line GG.

Instructions for Completing the AVR Planning Form on Page 26:

11. Transfer the Total Employee Trips (ET) and Total Vehicle Trips (TV) from the Weekly Employee/Vehicle Calculation (Peak) form to the AVR Planning form, lines 1 and 2 respectively.
12. Divide line 1 by line 2 to calculate your AVR. Enter the results on line 3.
13. Transfer the totals from Off-Peak Weekly Summary Form on Page 35 and tabulate the results on the Weekly Vehicle Calculation Off-Peak on page 36. Then take the data from both the Peak Weekly Vehicle Calculation on page 25 and the Off-Peak Weekly Vehicle Calculation on page 36 and tabulate the adjusted AVR credit on Appendix C on Page 37 and any other applicable appendices.

For specific information on how to calculate your AVR, please contact AQMD staff at (909) 396-3271.



RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section V – Weekly Employee Survey Summary Form (Peak)

Summarize the commute modes of employees who began to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: _____ Hours: _____ through _____

If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
NSE. Surveys with Errors						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Zero Emission Vehicle (no Hybrids)						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

AA. Vacation						
BB. Sick						
CC. Regular Day Off, Jury Duty, LOA, etc.						
DD. NSR (90% or higher response)						
OO. Off-Peak Trips (mixed schedule)						

TOTALS (Each day should match)						
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RULE 2202 - REGISTRATION FORM

YEAR:

MULTI-SITE ID:

Section V (cont.) - Weekly Employee/Vehicle Calculation (Peak)

Weekly Employee Trips

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Zero Emission Vehicle (no Hybrids)	
V. Telecommute	
W. Noncommuting	

Weekly Vehicles Trips

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Zero Emission Vehicle (no Hybrids)	0
V. Telecommute	0
W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)

TV. Total Vehicles (NSR through P)

Other Days Off

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc	
*DD. NSR (90% or higher)	
**OO. Off-Peak Trips (Mixed Schedule)	
EE. Total (ET+AA+BB+CC+DD+OO)	
FF. Number of employees in window	
GG. Multiply box FF by 5	

***DD NSR: No Survey Response for employers that have achieved a 90% or higher survey response rate.**

****OO. Off-Peak: See ETC Instructions, on page 22**

Note: Numbers in boxes EE & GG must be the same.



RULE 2202 - REGISTRATION FORM

YEAR:

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Section V (cont.) – AVR Planning Form

1. Total employee trips generated within window. (Section V, Line ET).
2. Total vehicles arriving at the worksite within the window. (Section V, Line TV).
3. Divide line #1 of this page by line #2 of this page for current AVR.
4. Enter AVR performance zone here. (1.30, 1.50, or 1.75).
5. AVR of last submittal.
6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete corresponding Appendix(ces).

Off-Peak Credits (Complete Appendix C)

Reduced Staffing (Complete Appendix D)

Non-Regulated Sites (Complete Appendix E)

Multiple Adjustment Worksheet (Complete Appendix F)

APPENDIX A

Average Vehicle Ridership Survey Form

Survey Week: _____

MO/DAY/YR THRU MO/DAY/YR

Average Vehicle Ridership Survey Form

Employee Information

Name: _____

Employee I.D.#: _____ **Dept./Section:** _____

Phone Ext.: _____ **Home Zip Code:** _____ **Miles to Worksite (one way):** _____

Signature: _____ **Date:** _____

Time you Began Work	Mon	Tue	Wed	Th	Fri
Mode	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
A. Drive Alone					
B. Motorcycle					
C. 2 persons in vehicle					
D. 3 persons in vehicle					
E. 4 persons in vehicle					
F. 5 persons in vehicle					
G. 6 persons in vehicle					
H. 7 persons in vehicle					
I. 8 persons in vehicle					
J. 9 persons in vehicle					
K. 10 persons in vehicle					
L. 11 persons in vehicle					
M. 12 persons in vehicle					
N. 13 persons in vehicle					
O. 14 persons in vehicle					
P. 15 persons in vehicle					
Q. Bus					
R. Rail/plane					
S. Walk					
T. Bicycle					
U. Zero Emission Vehicle (No Hybrids)					
V. Telecommute (reduction of more than 50% of trip)					
W. Noncommuting					

(circle am or pm as applicable)

Compressed Work Week Day(s) Off (Please indicate your typical start time on the day(s) you are on a compressed work week day(s) off.)

X. 3/36 work week days off (2 days)					
Y. 4/40 work week day off (1 day)					
Z. 9/80 work week day off (1 day)					

Other Days Off (Please indicate your typical start time on the day(s) you are off.)

AA. Vacation					
BB. Sick					
CC. Regular Day Off, Jury Duty, LOA, etc.					

You should have only 5 (five) check marks, one for each day of the survey week.

Semana de la Encuesta: _____

MES/DIA/AÑO HASTA MES/DIA/AÑO

Encuesta del Viaje Semanal del Empleado

Información sobre el empleado

Nombre Completo: _____

Numero de
Identificación del
Empleado:

Depto./Unidad: _____

Telefono: _____

Código Postal del
lugar donde Vive: _____

Millas desde su casa al trabajo
(de ida solamente): _____

Firma: _____

Fecha: _____

Modo de Transporte	Hora que comienza a trabajar	Lunes	Martes	Miérc.	Jueves	Viernes
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
A. Maneja Solo (a)						
B. Motocicleta						
C. 2 personas en el vehiculo						
D. 3 personas en el vehiculo						
E. 4 personas en el vehiculo						
F. 5 personas en el vehiculo						
G. 6 personas en el vehiculo						
H. 7 personas en el vehiculo						
I. 8 personas en el vehiculo						
J. 9 personas en el vehiculo						
K. 10 personas en el vehiculo						
L. 11 personas en el vehiculo						
M. 12 personas en el vehiculo						
N. 13 personas en el vehiculo						
O. 14 personas en el vehiculo						
P. 15 personas en el vehiculo						
Q. Bus						
R. Tren/Avion						
S. Caminando						
T. Bicicleta						
U. Vehiculo sin emisiones (no incluir Híbridos)						
V. Telecomunicación (reduce 50% de la distancia)						
W. No viaje al trabajo						

(marque am or pm
segun corresponda)

Semana de trabajo comprimida

(Por favor indicar su hora de llegada típica en el día(s) que usted esta libre en la semana de trabajo comprimida.)

X. 3/36 Semana con 2 días libres					
Y. 4/40 Semana con 1 día libre					
Z. 9/80 Semana con 1 día libre					

Otros Días Libres

(Por favor indicar su hora de llegada típica en el día(s) que usted esta libre.)

AA. Vacaciones					
BB. Enfermedad					
CC. Día Libre Regular, Jury Duty, LOA, etc.					

Debería tener un total de 5 marcas, una por cada día de la semana de 5 días.

Employee Instructions for Completing the Average Vehicle Ridership Survey Form:

1. **Employee Information:** Complete the Employee Information Section, including signature and date.
2. **Time You Began Work:** Indicate the time you began work each day of the designated survey week and circle a.m. or p.m. as applicable. Also indicate your typical start time on those days that you are scheduled to work but you are absent from work. For example, if you ride with another person, on Monday, Tuesday, Wednesday, and Thursday but you are sick on Friday, check off line “C,” “2 persons in vehicle” and indicate the time you began working on each of those four days. Check off line “BB,” “Sick” and indicate what would have been your typical start time on Friday.
3. Please be sure you make only one check mark for each day in rows “A” thru “CC” for the week of the survey. There should be a total of only five (5) check marks on the survey form for the entire five (5) day survey week.
4. **Mode:** Check off line “A” if you drive to work alone in a passenger car, truck, or van. Check off line “B” if you drive to work alone in a motorcycle. Check off one row from line “C” to line “P” for each day of the week you ride in a vehicle occupied by two (2) to fifteen (15) persons. This indicates the number of persons traveling to work together for more than 50% of the total trip distance in each of the corresponding lines. Employees who work for different employers, as well as non-employed people, are included in this count as long as they are in the vehicle for more than 50% of the total trip distance.

For example, if you ride with another person, on Monday and Tuesday, check off line “C,” “2 persons in vehicle” on those two days. If, however, you ride with two other persons on Wednesday and Thursday, you should check off line “D,” “3 persons in vehicle,” on those two days. If you ride to work with three other persons, you should check off line “E,” “4 persons in vehicle,” for that day. If you ride to work in a 7-passenger van, but there are only 5 persons in the vehicle, you should check off line “F” “5 persons in vehicle”. Please always use the number of persons riding in the vehicle (occupancy), not vehicle capacity.

5. **Bus:** Make a check mark on line “Q” for every day that you take a bus to work. You count as a bus rider if you travel to work by bus for more than 50% of the total trip distance.
6. **Rail/Plane:** Make a check mark on line “R” for every day that you take rail to work. You can also use this line if you commute to work by plane. You count as a rail/plane rider if you travel to work by rail or plane for more than 50% of the total trip distance.
7. **Walk or Bicycle:** Make a check mark on line “S” or “T” for every day that you report to work by walking or riding a bicycle respectively. You count as a walker/biker if you walk/bike to work for more than 50% of the total trip distance.
8. **Zero Emission Vehicle:** Make a check mark on line “U” for every day that you commute to work in an zero emission vehicle (excluding Hybrid Vehicles). Do not check any other rows for that day. If you carpool in an zero emission vehicle, please check off line “U” on that/those day(s).
9. **Telecommute:** Make a check mark on the day you telecommute. Telecommuting is defined as working at home, or at a telecommuting center during the entire day. Make a check mark on line “V” if you work at home, or if your commute to a telecommuting center results in a reduction of more than 50% or your commute distance between your home and your worksite.
10. **Noncommuting:** Make a check mark on line “W” to indicate the days you are either outside the SCAQMD jurisdiction (all of Orange County and the non-desert portions of Los Angeles, San Bernardino, and Riverside counties) to complete work assignments, or you generate no vehicle trips associated with arriving at the worksite (e.g., hospital employees, fire fighters, airline employees, etc.)

11. Compressed Work Week Day(s) Off: Make a check mark on line “X” or “Y” or “Z” to indicate your compressed work week day off. Check this only if you were off during the survey week. Please include your typical start time on the day(s) you are on a compressed work week day(s) off.

3/36- work 3 days/12 hours each day; 2 days off

4/40- work 4 days/10 hours each day; 1 day off

9/80- work 9 days/80 hours; 1 day off in a 2 week period

12. Other Days Off: During the week of the survey, if you are on vacation, check “AA” for those days; if you are sick, check “BB” for those days. Please include your typical start time on the day(s) you were off. Check “CC” if you are absent from work for any of the following reasons (other than vacation or sick):

1. Jury duty
2. Military duty
3. Not scheduled to work on that day (other than compressed work day off)
4. Maternity Leave
5. Bereavement Leave
6. Long term Medical/Disability Leave (LOA)

If you have any questions about how to properly complete the survey form, contact your designated Employee Transportation Coordinator _____ at _____.

APPENDIX B

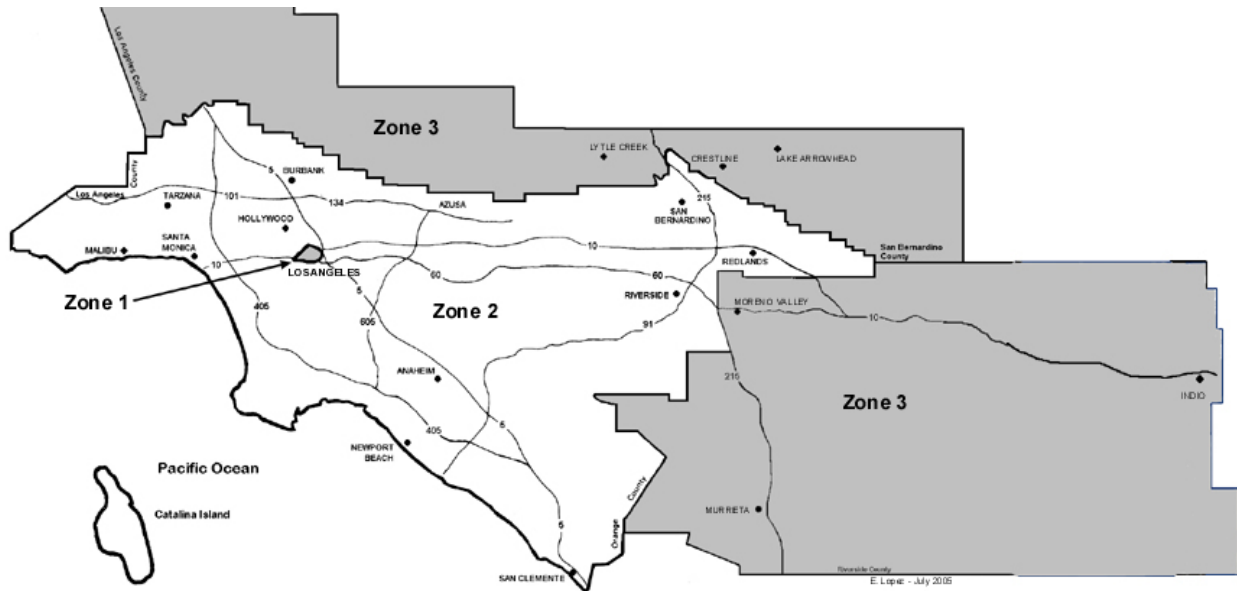
Performance Zones



RULE 2202 - REGISTRATION FORM

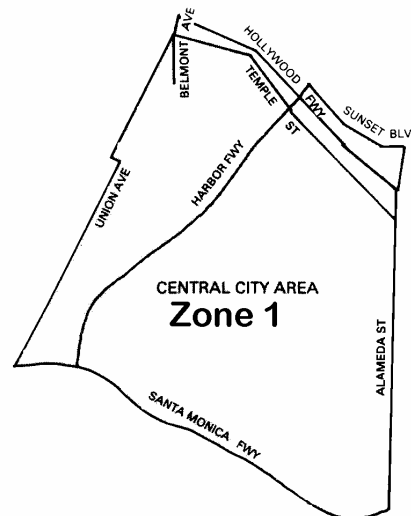
YEAR:

MULTI-SITE ID:



PERFORMANCE ZONES

- A worksite's Performance Zone depends on its location.
- District's Source/Receptor Areas are shown in Attachment 3 of Rule 701 - Air Pollution Emergency Contingency Actions.
- **Zone 1** is the Central City Area of Downtown Los Angeles within the AQMD's Source/Receptor Area 1.
- **Zone 2** corresponds to the AQMD's Source/Receptor Areas 2 through 12, 16 through 23, and 32 through 35, excluding the Zone 1 - Central City Area.
- **Zone 3** corresponds to the AQMD's Source/Receptor Areas 13, 15, 24 through 31, and 36 through 38.



APPENDIX C

AVR Adjustment Off-Peak Credits

- **Off Peak AVR Summary Form**
- **AVR Adjustment –
Off Peak Credits Calculation Form**



RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS

MULTI-SITE ID:

Weekly Employee Survey Summary Form (Off Peak)

See Instructions on Page 23.

Summarize the commute modes of employees reporting to work outside the designated 6-10 a.m., Monday-Friday window

Days of the week: _____

If different than Monday through Friday, identify the 5 consecutive days above

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
NSE. Surveys with Errors						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Zero Emission Vehicle (no hybrids)						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

AA. Vacation						
BB. Sick						
CC. Regular Day Off, Jury Duty, LOA, etc.						
DD. NSR (90% or higher response)						
OO. Peak Trips (Mixed Schedule)						

DAILY TOTALS						
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RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS

MULTI-SITE ID:

Weekly Employee/Vehicle Calculation (Off Peak) continued

Weekly Employee Trips

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Zero Emission Vehicle (no hybrids)	
V. Telecommute	
W. Noncommuting	

Weekly Vehicles Trips

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Zero Emission Vehicle (no hybrids)	0
V. Telecommute	0
W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)

TV. Total Vehicles (NSR through P)

Other Days Off

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc.	
*DD. NSR (90% or higher)	
**OO. Peak Trips (Mixed Schedule)	
EE. Total (ET+AA+BB+CC+DD+OO)	
***OO. Off-Peak	
Add Lines **OO Peak and ***OO Off-Peak	
Subtract Line above from Line EE	
Divide Line above by 5. This is the total number of employees in the Off-Peak	

***DD. No Survey Response for employers that have achieved a 90% or higher survey response rate.**

****OO. Peak: See Section V - ETC Instructions, on page 23.**

*****OO. Off-Peak: Enter the number from line OO. Off-Peak Trips of the Weekly Employee/Vehicle Calculation (Peak), found on page 25. See Section V-ETC Instructions, on page 23.**

******The total number of employees in the Off-Peak in this box should match the number reported on Section III, on page 5, (Total Number of Off-Peak Employees).**



APPENDIX C: AVR ADJUSTMENT OFF-PEAK CREDITS

Employers may receive additional credits from employee trip reductions that occur outside of the peak window. This credit may be calculated as follows:

$$AVR = \frac{E}{V - [CCVR \div 2.3]}$$

Where:

- E = Total number of weekly window employees in the peak window.
- V = Total number of weekly window vehicle trips in the peak window.
- CCVR = Weekly Creditable Commute Vehicle Reductions that occur outside of the peak window.
- 2.3 = Discount factor.

1. Enter E - total number of weekly window employee trips in the peak window. (This number is found in Section V, Line ET, on page 25).	
2. Enter V - total number of weekly window vehicle trips in the peak window. (This number is found in Section V, Line TV, on page 25).	
3. Enter total number of weekly window employee trips [*] in the off-peak window. (This number is found in Appendix C, Line ET, on page 36).	
4. Enter total number of weekly window vehicle trips in the off-peak window. (This number is found in Appendix C, Line TV, on page 36).	
5. Subtract Line 4 from Line 3, and enter the result here.	
6. Divide Line 5 by 2.3 discount factor, and enter the result here.	
7. Subtract Line 6 from Line 2.	
8. Divide Line 1 by Line 7. This is the adjusted AVR for your worksite. Transfer this number to Section V, Line 6 of the AVR Planning Form, on page 26.	

* This number may be calculated by surveying the off-peak employees using the same AVR survey forms found in Appendix A.

APPENDIX D

AVR Adjustment Reduced Staffing



YEAR:	
MULTI-SITE ID:	

APPENDIX D: AVR ADJUSTMENT REDUCED STAFFING

Employers may receive additional trip reduction credits from reduced staffing that occur during events such as school recesses/breaks, inventory, or temporary facility closures. This credit is not allowed for staff reductions resulting from actions such as layoffs, relocations, transfers, facility closures or temporary closures that are part of regularly scheduled facility vacations.

Reduced Staffing Survey Week: First day of survey_____ Last day of survey_____

Survey Response Rate: _____

$$AVR = \frac{En \times T}{[Vn \times Tn] + [Vr \times Tr \times 1.15]}$$

Where:

- En = Total number of weekly window employee trips during the normal operating schedule.
- T = Total number of annual operating workdays for the worksite; = Tn + Tr
- Vn = Total number of weekly window vehicle trips during the normal operating schedule (Section V-1, Line TV, on page 25).
- Tn = Total number of normal operating days for the worksite.
- Vr = Total number of weekly window vehicle trip that occur during the reduced staffing schedule.
- Tr = Total number of days during the reduced staffing schedule.

1. Enter En - total number of weekly window employee trips during the normal operating schedule. (This number is found in Section V, Line ET, on page 25)	
2. Enter Tn - total number of normal operating days for the worksite.	
3. Enter Tr - total number of days during the reduced staffing schedule.	
4. Add Line 2 plus Line 3. Enter the result here.	
5. Multiply Line 1 by Line 4. Enter the result here.	
6. Enter Vn - total number of weekly window vehicle trips during the normal operating schedule. (This number is found in Section V, Line TV, on page 25.)	
7. Enter Vr - total number of weekly window vehicle trips that occur during the reduced staffing schedule.	
8. Multiply Line 2 by Line 6. Enter the result here.	
9. Multiply Line 3 by Line 7 by 1.15. Enter the result here.	
10 Add Line 8 plus Line 9. Enter the result here.	
11 Divide Line 5 by Line 10. Enter the result here. Transfer this number to Section V, Line 6 of the AVR Planning Form, on page 26.	

APPENDIX E

AVR Adjustment Non-Regulated Sites

APPENDIX F

Multiple AVR Adjustments



APPENDIX F: AVR ADJUSTMENT

Multiple AVR Adjustments

Employers may combine the additional credits from Off-Peak Credits, Reduced Staffing, and Non-Regulated Sites.

- One credit adjustment must be completed before going on to the next.
- You may start the Multiple AVR Adjustment at steps A, B, or C.
- All survey data must be *weekly* employee and *weekly* vehicle trip survey numbers, not daily.

Multiple AVR adjustments should be calculated in the following sequence:	
A. Reduced Staffing Credit (Complete if applicable)	
1. Calculate the AVR for the Reduced Staffing credit and enter the resulting AVR	
2. Enter the number of Weekly Employees used in the Reduced Staffing credit calculation.	
3. Divide the AVR in Line 1 by the Weekly Employees in Line 2 and enter the result here. This is the new adjusted Vehicle-Trips. If you have no Off-Peak Credits skip to Line 7.	
B. Off-Peak Credits. (If you do not have Reduced Staffing Credit from above start with Line 6.)	
4. Enter the adjusted Vehicle Trips from Line 3 above in Appendix C Off-Peak Credit, Line 2.	
5. Continue to calculate the Off-Peak Credits.	
6. Enter the resulting number from Line 7 of the Off-Peak Credit calculation. This is the new Vehicle Trips from your adjustments.	
C. Non-Regulated Worksites	
7. Use the new Vehicle Trips from Line 6 above (or Line 3 if no Off-Peak Credits) as the Weekly Vehicle Trips for the primary worksite in Appendix E - Non-Regulated Sites adjustment calculation.	
8. Complete the calculation for the Non-Regulated Sites.	
9. Enter your adjusted AVR here and on Line 6 in Section V, AVR Planning Form, on page 26.	

APPENDIX G

Employer Clean Fleet Vehicle Purchase/Lease Program



RULE 2202 - REGISTRATION FORM

APPENDIX G - EMPLOYER CLEAN FLEET VEHICLE PURCHASE / LEASE PROGRAM

YEAR:	
SITE ID:	

APPENDIX G: Employer Clean Fleet Vehicles Purchase/Lease Survey Form

Rule 2202 Employee Commute Reduction Guidelines Section II-F(4) requires employers who have not attained the target AVR and who are purchasing, or leasing, passenger cars or light-duty or medium-duty trucks owned, or leased by the employer, to acquire Ultra Low Emission Vehicles (ULEV) passenger cars or light-duty trucks or better, or Super Ultra Low Emission Vehicles (SULEV) medium-duty trucks or better, as long as they have four (4) or more vehicles for company operations in the AQMD jurisdiction. To meet this requirement, please complete the information below.

Section I – Existing Fleet Information

Are you replacing any vehicles or increasing your fleet during your program compliance year?

Yes _____ No _____ Don't Know _____

If No, STOP here.

If Yes, please provide the information below:

How many fleet vehicles does your worksite have on-site?

- ___ Passenger Cars
- ___ Light Duty Trucks
- ___ Medium Duty Trucks

How many vehicles are being added?

- ___ Passenger Cars
- ___ Light Duty Trucks
- ___ Medium Duty Trucks

What is the disposition of the replaced vehicle(s)?

- ___ Sold
- ___ Scrapped
- ___ Transferred to Another Location Outside AQMD
- ___ Transferred to Another Location Within AQMD
- ___ End of Lease
- ___ Other (Please Explain)

How many vehicles are being replaced?

- ___ Passenger Cars
- ___ Light Duty Trucks
- ___ Medium Duty Trucks

If you Don't Know, please complete and submit Section II of this Appendix for review by AQMD prior to purchasing or leasing the new vehicles. The new vehicles must meet either the ULEV or SULEV Standards specified in Rule 2202 ECRP Guidelines, Section II-F(4). This also applies if you know that you are replacing/increasing your fleet during your program compliance year, but you don't know at the time of submittal the type of vehicles to be purchased/leased.

SIGNATURE OF HIGHEST RANKING OFFICIAL OR INDIVIDUAL RESPONSIBLE FOR ALLOCATING PROGRAM RESOURCES:

_____ DATE: ____ / ____ / ____

PRINT NAME: _____ TITLE: _____



RULE 2202 - REGISTRATION FORM
APPENDIX G - EMPLOYER CLEAN FLEET VEHICLE
PURCHASE / LEASE PROGRAM

YEAR:
 MULTI-SITE ID:

Section II – Vehicles to be Replaced or Purchased/Leased

Beginning January 1, 2005, fleet operators of 4 or more vehicles shall procure ULEV or SULEV vehicles when adding or replacing vehicles to their vehicle fleet. For additional information, please refer to Employee Commute Reduction Program Guidelines.

To verify if the vehicles being purchased meet the required ULEV or SULEV Certification Standards, visit the California Air Resources Board (ARB) website at: www.arb.ca.gov/msprog/ccvl/ccvl.htm or www.arb.ca.gov/msprog/onroad/cert/cert.php, or directly call the ARB at (800) 242-4450.

General Information

Employer Name: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Please list the vehicles being purchased or leased:
(Use additional sheets if necessary.)

Vehicles Being Purchased/Leased

VEHICLE MANUFACTURER	FUEL TYPE*	ENGINE FAMILY**	VEHICLE MODEL	MODEL YEAR

Vehicle Replaced (if applicable)

VEHICLE MANUFACTURER	FUEL TYPE*	ENGINE FAMILY**	VEHICLE MODEL	MODEL YEAR

- *DED = Dedicated/Dual Fuel
- FF = Flexible Fuel
- CNG = Compressed Natural Gas
- EV = Electric Vehicle
- HYB = Hybrid
- Gas = Gasoline
- N/A = Not Applicable

** Engine Family name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB).

APPENDIX H

Mobile Source Diesel PM/NO_x Emission Minimization Plan



RULE 2202 - REGISTRATION FORM
APPENDIX H – MOBILE SOURCE DIESEL PM/NO_x
EMISSION MINIMIZATION PLAN

YEAR:
 MULTI-SITE ID:

APPENDIX H: Mobile Source Diesel PM/NO_x Emission Minimization Plan

Rule 2202 Employee Commute Reduction Guidelines Section II-F(5) requires the submittal of a mobile source diesel PM/NO_x emission minimization plan. To meet this requirement, complete the information below and the attached equipment inventory. These forms must be submitted every (3) three years on your established Employee Commute Reduction Program (ECRP) due date. A copy of this form must be maintained at the worksite.

Section I - General Information

Employer Name: _____
 Contact Name: _____
 Telephone: _____ Email: _____

Section II - 1,000 or More Window Employees

As of THE DATE of this submittal, this worksite has 1000 or more window employees. The total number of window employees at this worksite is _____.

If this box is checked, complete section III.

Section III – On-Site Diesel Equipment Audit

- This worksite does not operate any mobile diesel equipment at this location.
- This worksite generates emissions from on-site, mobile diesel engines. A diesel engine equipment audit has been completed and is attached. Note: AQMD staff will review the audit information and may require the implementation of diesel PM/NO_x reduction strategies that are found technically feasible and meets the cost schedule provided on the reverse side of this form.
- This worksite has previously submitted a Mobile Source Diesel Emission Minimization Plan. Date: _____

SIGNATURE OF HIGHEST RANKING OFFICIAL OR INDIVIDUAL RESPONSIBLE FOR ALLOCATING PROGRAM RESOURCES:

 DATE: ___ / ___ / ___

PRINT NAME: _____ TITLE: _____



RULE 2202 - REGISTRATION FORM
APPENDIX H – MOBILE SOURCE DIESEL PM/NO_x
EMISSION MINIMIZATION PLAN

YEAR:
MULTI-SITE ID:

Diesel Emissions Minimization Plan
Cost Schedule

Number of Employees	Maximum Cost
1,000-1,499	\$9,000
1,500-1,999	\$13,400
2,000-2,499	\$17,900
2,500-2,999	\$22,400
3,000-3,499	\$26,900
3,500-3,999	\$31,400
4,000-4,499	\$35,800
4,500-4,999	\$40,300
5,000-5,499	\$44,800
5,500-5,999	\$49,300
6,000-6,499	\$53,800
6,500-6,999	\$58,200
7,000-7,499	\$62,700
7,500-7,999	\$67,200
8,000-8,499	\$71,700
8,500-8,999	\$76,200
9,000-9,499	\$80,700
9,500-9,999	\$85,100
10,000 and up	\$89,600



RULE 2202 - REGISTRATION FORM

YEAR:

APPENDIX H - MOBILE SOURCE DIESEL PM/NO_x EMISSION MINIMIZATION PLAN

SITE ID:

Date _____

Facility Name _____

Facility ID# _____

**Rule 2202 Diesel Emissions Minimization Plan
Equipment Inventory (*Off-Road equipment only)**

Number of Vehicles / Engines	Vehicle Make/Model	Equipment Type	Engine Manufacturer	**Engine Family Name	Model Year	Engine Rating (bhp)	Fuel Type	Fuel Use (gal/yr)	Pollution Control Equipment (Y or N)		
									PM Traps	Oxy Catalyst	Other
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

*See instructions on next page under Equipment Type

**Engine Family Name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB).



Instructions

Rule 2202 Diesel Emissions Minimization Plan Equipment Inventory (This applies to Off-Road equipment only)

Number of Vehicles. Complete all information for diesel-powered vehicles that operate at the facility, or provide service to multi-site facilities. This could include fork lifts, man lifts, riding lawnmowers, tractors, service vehicles, etc. Information on identical engines may be aggregated for each type of vehicle.

Vehicle Make and Model. For diesel-powered vehicles, list the vehicle manufacturer (e.g., Ford, Caterpillar) and the model (e.g., Dodge Ram).

Equipment Type. State the type of diesel powered equipment not licensed by the DMV to be used on public roadways (e.g. Tractor, Fork Lift, Man Lift, Riding Lawnmowers. etc.).

Engine Manufacturer. State the engine manufacturer (e.g., Cummins).

Engine Family Name. Engine Family Name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB).

Model Year. List the model year of the engine. If the vehicle’s original engine has been replaced, give the model year of the new engine.

Engine Rating (bhp). List the engine’s brake horsepower.

Fuel Type. State the type of fuel that is used in the engine (e.g., #2 diesel, ultra-low sulfur diesel, diesel emulsion, biodiesel, etc.).

Fuel Use. Estimate the annual fuel use (gallons per year) from annual vehicle mileage or from fuel meters, engine hour gauge or fuel records.

Air Pollution Control Equipment. Indicate “Yes” or “No” if the engine is equipped with either a particulate trap or an oxidation catalyst. If the engine utilizes emission control technologies, other than particulate traps or oxidation catalysts, provide a brief description of the control technology in the “Other” box. Examples include fuel additives and advanced emission control technologies, such as NOx catalysts.

APPENDIX I

CENTRALIZED RIDESHARE SERVICE CENTER



CENTRALIZED RIDESHARE SERVICE CENTER Instructions

According to *Rule 2202 EMPLOYEE COMMUTE REDUCTION PROGRAM GUIDELINES, (Page 20)*, the Centralized Rideshare Service Center (CRSC) is a strategy that may be used by employers submitting a Multi-Site program that will provide equivalent services in lieu of having a trained person at each worksite. Requests for approval of a CRSC must be made in writing and be included with each Multi-Site Annual Employee Commute Reduction Program submittal. The request must describe the CRSC in detail and show how it will provide equivalent ETC services to the specific worksite(s). AQMD staff will review each request on a case by case basis to determine whether the CRSC meets the following criteria:

- Identifies the trained ETC that is at the CRSC facility location and demonstrates availability and accessibility to the ETC by all company employees;
- Demonstrates that the ECRP is adequately marketed and implemented at each specific site; and
- Ensures that all other sites in the Multi-Site program submittal have identified a site contact person who:
 - Has knowledge of the employer's Employee Commute Reduction Program;
 - Has knowledge of the employer's marketing methods;
 - Is available to meet with AQMD compliance staff.

Requests must be submitted in the following order and must contain all elements.

- Must define the process of employee access to rideshare matching and rideshare information including descriptions of site specific incentives that demonstrates how it will provide equivalent to an on-site ETC for employees at each site.
- Must demonstrate in definitive terms how each site will market, implement and maintain records in a manner that is equivalent to an On-Site Coordinator.
- Must define how the responsible ETC will be available to AQMD inspectors and identify the person by name.
- Must demonstrate in definitive terms that the responsible ETC is available, on an on-going basis to all employees reporting to work in the designated window.



The following Centralized Rideshare Service Center elements are recommended to be considered when preparing the proposal to demonstrate equivalent services at the worksite(s):

- Centralized center or kiosk that has rideshare literature available to employees. Who will administer or maintain rideshare information, bus schedules, flyers, promotions, matchlists, zip code lists, air quality information, newsletter, orientations, rideshare registrations etc.

- Availability of contact person to assist those who have basic questions/requests relating to ridesharing. Who/How will answer rideshare, transit, etc., questions? Who will issue transit passes, tokens, tickets? How often?
- ETC name and telephone number, work location and availability (hours and time periods when ETC will be at the worksite).
- ETC visitation schedule to all worksites.
- Maintain copy of Employee Commute Reduction Program at worksites.
- How does Guaranteed Ride Home program work at the sites? Who provides emergency ride services to ridesharing employees?
- How the monitoring and implementation of all strategies listed in program to be administered (point programs, direct subsidies, drawings, promotional events, recognition, etc.)
- Who will be available for AQMD inspections?



Appendix I-1: Centralized Rideshare Service Center

Page: of:

Describe in complete details how your Rideshare Service Center will provide equivalent services to employees participating in the rideshare program as outlined in the Rideshare Service Center instructions.

If you need additional space, photocopy this form as needed.

APPENDIX J

RULE 2202 SUPPORT RESOURCES



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APPENDIX J – Rule 2202 Support Resources

All documents are available for download by accessing our website at <http://www.aqmd.gov/trans>. If Internet access is unavailable, you may request the paper version be sent to you by calling the Transportation Programs Hotline at (909) 396-3271.

___ Rule 2202 – On-Road Motor Vehicle Mitigation Options

___ Rule 308 – On-Road Motor Vehicle Mitigation Options Fees

___ Rule 311 – Air Quality Investment Program (AQIP) Fees

___ Rule 313 – Authority to Adjust Fees and Due Dates

___ Rule 2202 – Technical Assistance Staff

___ Rule 2202 – Employee Commute Reduction Program Training Schedule

___ Rule 2202 – Exemption Request Form

___ Rule 2202 – List of Holidays

___ Transportation Management Associations and Organizations

___ Mobile Source Emission Reduction Credits (MSERCs) - Vendors

___ Rule 2202 - Employee Commute Reduction Program – Compliance Forms

___ Rule 2202 – Implementation Guidelines

___ Rule 2202 – Employee Commute Reduction Program Guidelines

___ Rule 2202 – Employee Commute Reduction Program – Technical Evaluation Overview

___ Rule 2202 - Employee Commute Reduction Program – Confused About Compliance?

___ Information on California's Parking Cash-Out Program



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USEFUL PHONE NUMBERS:

- ❖ Transportation Programs Hotline: (909) 396-3271
- ❖ Transportation Programs Fee Line: (909) 396-FEES (3337)
- ❖ Transportation ETC Training Line: (909) 396-2777
- ❖ Transportation Plan Evaluators: (909) 396-3271
- ❖ Transportation Programs Fax: (909) 396-3306

INTERNET:

AQMD's Transportation Programs Website:

<http://www.aqmd.gov/trans>

ARB's Certified Vehicle List Website:

<http://www.arb.ca.gov/msprog/ccvl/ccvl.htm>

ARB's On-Road New Vehicle & Engine Certification Program:

<http://www.arb.ca.gov/msprog/onroad/cert/cert.php>

AQMD's Programs Phone Numbers:

http://www.aqmd.gov/phone/imp_phone_numbers.html

AQMD's Technology Advancement Programs Lead Staff Website:

http://www.aqmd.gov/tao/lead_staff_contacts.html

AQMD's Publications and Videos Website

<http://www.aqmd.gov/pubinfo/webpubs.htm>