



RULE 2202 - REGISTRATION FORM

YEAR:	
SITE ID:	

T Y P E O R P R I N T A L L I N F O R M A T I O N

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

Date of Training: _____

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 including all strategies and appendices 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:** _____



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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 required from those employers filing an Employee Commute Reduction Program and who have not met the corresponding Performance Zone Target AVR. If your worksite has no fleet vehicles on-site please enter "0". Do not leave the field blank or mark "N/A".)

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 and III; pages 1, 2, 4, or 6-9 and corresponding Appendices, if applicable.**Employee Commute Reduction Program** - Complete Sections I and IV; pages 1, 2, and 5-25, and corresponding Appendices, if applicable.**Employee Commute Reduction Program Offset** – Complete Sections I, IV-2, and IV-4; pages 1, 2, 6-9, and 26, and corresponding Appendices, if applicable.**Employee Commute Reduction Program High AVR No Fault Inspection** - Complete Sections I and IV-2; pages 1-2 and 6-9, and corresponding Appendices, if applicable. Include your Compliance Pass Letter. 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 or Rule 311.

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



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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. Remit this amount Check one: Annual \$60 _____ Three-Year \$125 _____ 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.



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Section III			
Emission/Trip Reduction Strategies Option			
1. Enter the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday.			
2. Enter the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window. Mark below how the CCVR was determined (see Supplemental Worksheets in Appendix B). Check one: AVR Survey* _____ Default AVR (1.1) _____ *Complete Section IV-2 AVR Verification Process (pages 6-9) Alternative Method _____ Certification Number & Date _____ Other _____ (requires prior approval)			
Emission Reduction Target (ERT) Calculation	VOC	NOx	CO
3. Enter the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). Check one: Zone 1 _____ Zone 2 _____ Zone 3 _____			
4. Multiply Line 1 times Line 3 and enter the results.			
5. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
6. Multiply Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
7. Subtract Line 6 from Line 4 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	VOC	NOx	CO
8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits, divide the off-peak CCVR by 1.15; enter the adjusted CCVR here: _____ Multiply adjusted CCVR by line 5 and enter the results.			
10. Enter the sum of Lines 8 and Line 9.			
11. Subtract Line 10 from Line 7 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credits to AQMD			