



South Coast Air Quality Management District

Form 222-FC

Registration for Fuel Cell with a Non-Electric Supplemental Heater

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

Rule 222(c)(13) FUEL CELL is any equipment which produces electricity in an electro-chemical reaction, uses phosphoric acid, molten carbonate, proton exchange membrane, or solid oxide technologies; and associated heating equipment provided the heating equipment is fueled exclusively with natural gas, methanol, liquefied petroleum gas, or any combination thereof, including heaters that have a rated maximum heat input capacity of greater than 2,000,000 Btu per hour provided that the supplemental heat used is 90,000 therms per year or less. (Amended May 7, 2017)

6. Manufacturer: _____
 Model No.: _____
 Serial No.: _____

Fuel Cell Technology Used: Phosphoric Acid Proton Exchange Membrane
 Molten Carbonate Solid Oxide

Rated Heat Input Capacity: _____ BTU/hr

Fuel Type: Natural Gas Methanol Liquefied Petroleum Gas
 (Check all that apply)

Is supplemental heat usage less than 90,000 therms per year? YES
 NO *If NO, you will need to obtain a Permit.*

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 #