Complete one form per facility.

Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944

Tel: (909) 396-3385 www.aqmd.gov

## Registration for Commercial Charbroilers & Associated Controls

Section A - Operator Information		
1. Facility Name (Business Name of Operator):		Valid AQMD Facility ID     (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): Check here if change of operator		
Section B - Equipment Location Address	Section C - Business Mailing Addr	ess
Equipment Location Is: Fixed Location Various Location     (For equipment operated at various locations, provide main facility address.)	Correspondence Information:     Check here if same as equipment location address	
Street Address, CA	Address	
City Zip	City	State Zip
Contact Name Title	Contact Name	Title
Phone # Ext. Fax #	Phone # Ext.	
E-Mail: Section D - Equipment Information	E-Mail:	
Rule 222 (c)(8) CHARBROILER means a cooking device composed of a grated grill or skewer and a heat source. The heat source is located beneath the food being cooked or may be located above and below the food. Fuels for the heat source include, but are not limited to, electricity, natural gas, liquefied petroleum gas, charcoal, or wood. (Amended April 7, 2023)  6. UNDERFIRED:  Manufacturer:  Model No:  Fuel:  Fuel:		
Manufacturer: Model No:	Fuel:	
Manufacturer: Model No:	Fuel:	
CHAIN-DRIVEN WITHOUT CONTROL:		
Manufacturer: Model No:	Fuel:	
Pounds of Meat Cooked Per Week	LBS	
Manufacturer: Model No:	Fuel:	
Pounds of Meat Cooked Per WeekLBS		
CHAIN-DRIVEN WITH CONTROL:		
Manufacturer: Model No:		
Control type: Catalyst Scrubber	ESP Other (Specify)	
Manufacturer: Model No:  Control type: Catalyst Scrubber	ESP Other (Specify)	
Fees are updated on July 1 of each year.		
For current fees, please see Rule 301 or go to Rule 222 Filing Program Web Page.		
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		
AOMD APPLICATION TRACKING # EQUIPMENT CATEGORY CODE:	FEE \$	VALIDATION
A R ENG.A R CLASS ASSIGNMENT DATE I III Unit Engineer	CHECK/MONEY ORDER # AMOUNT \$	TRACKING #