



South Coast Air Quality Management District

Form 222-A

Registration for Negative Air Machine (Asbestos Removal)



Complete one form per equipment.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

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): Check here if change of operator	

Section B - Equipment Location Address **Section C - Business Mailing Address**

4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide main facility address.)	5. 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. _____ Fax # _____
E-Mail: _____	E-Mail: _____

Section D - Equipment Information

Rule 222 (c)(19) NEGATIVE AIR MACHINE means a machine or contrivance whose primary use is to remove asbestos emissions from residential or commercial abatement projects by passing asbestos containing air from an isolated work area by means of negative air pressure to a HEPA filtration system. *(Amended May 3, 2013)*

6. The negative air machine is: (Check one of the following.)

- Hepa Vacuum, Canister Type.
- Hepa Vacuum, Handled Type.
- Industrial Type Vacuum.

Manufacturer: _____ Model No: _____ Serial No: _____

Is the maximum capacity of the collection vessel less than or equal to 15 gallons? YES NO

If the answer to the above question was NO then the equipment unit is not eligible for a Rule 222 filing and will require a Permit to Operate.

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		VALIDATION
AQMD USE ONLY	APPLICATION TRACKING #	EQUIPMENT CATEGORY CODE:	FEE		
			\$		
DATE	A R	ENG.A R	CLASS	ASSIGNMENT	CHECK/MONEY ORDER #
	DATE	DATE	I III	Unit Engineer	AMOUNT
					\$
					TRACKING #