



South Coast Air Quality Management District  
Transportation Programs  
21865 Copley Drive  
Diamond Bar, CA 91765

(909) 396-3271, Transportation Hotline

**Rule 2202 – On Road Motor Vehicle Mitigation  
Options**

**Annual Program**

**Single-site Compliance Forms**

Cleaning the air that we breathe ...

**August 2024**



# RULE 2202 - REGISTRATION FORM

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# RULE 2202 - REGISTRATION FORM

YEAR:	<input type="text"/>
SITE ID:	<input type="text"/>

## **Rule 2202 Program Options**

Rule 2202 – On-Road Motor Vehicle Mitigation Options requires any employer who employs 250 or more employees at a work site to develop and implement an emission reduction program to reduce emissions related to employee commutes within the peak window(between 6:00 AM and 10:00 AM). Rule 2202 provides employers with a menu of options to reduce these mobile source emissions. These employers may elect to implement an Air Quality Investment Program (AQIP), an Emissions Reductions Program (ERS), or an Employee Commute Reduction Program (ECRP) for compliance.

1. Air Quality Investment Program (AQIP): Employers may elect to participate in a triennial or annual compliance option and invest a fee per employee reporting to the work site in the peak window. The SCAQMD will use these funds to invest in emission reduction projects.
2. Emission Reduction Strategies (ERS): This option allows employers to meet their Emission Reduction Targets by utilizing various alternative strategies such as, but not limited to, credits generated by Mobile Source Emission Reduction Credits (Regulation XVI), Short Term Emission Reduction Credits (Regulation XIII), Area Source Credits (Regulation XXV), peak commute trip reductions, other work-related trip reductions, and other Emission Reduction Strategies approved by the Executive Officer.
3. Employee Commute Reduction Program (ECRP): Employers may elect to implement an ECRP to achieve and maintain a designated Average Vehicle Ridership (AVR) target. Employers choosing to implement an ECRP under Rule 2202 are required to designate an Employee Transportation Coordinator (ETC) who is responsible for developing, implementing, monitoring, and marketing the ECRP to their employees. Training to be an Employee Transportation Coordinator (ETC) requires certification through a SCAQMD-certified training course.
4. ECRP Offset: Employers may surrender the difference in emission reductions between the worksite AVR and the Performance Zone requirement through participation in the AQIP.
5. ECRP High AVR: Employers meeting or exceeding the worksite AVR target can receive a reduction in filing fees and are not required to submit the portion of the compliance forms describing their strategies.
6. ECRP AVR Improvement: Employers that have an AVR improvement of 0.01 (or greater) for each of the two previous consecutive years, or employers who demonstrate an AVR improvement of 0.05 during the immediate previous year qualify for this program. These employers are not required to submit the portion of the compliance forms describing their strategies.

Employers should refer to the Rule 2202 Implementation Guidelines for specific information regarding the AQIP and ERS compliance options, and to the Rule 2202 Employee Commute Reduction Program Guidelines for the ECRP compliance options. For additional information, please visit the Transportation Programs website at [www.aqmd.gov/2202](http://www.aqmd.gov/2202) or call our Transportation Programs Hot-line at (909) 396-3271.



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

TYPE OR PRINT ALL INFORMATION

## 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: \_\_\_\_\_

First Name Last Name Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

If conducting an Average Vehicle Ridership survey, provide:

Employee Transportation Coordinator: \_\_\_\_\_

First Name Last Name Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

Date of ETC Training: \_\_\_\_\_

Highest Ranking Official at this Site: \_\_\_\_\_

First Name Last 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 SCAQMD.

Signature of Highest Ranking Official or individual responsible for allocating program resources:

Date \_\_\_\_\_



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

## 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)

Check One Box Only

### Select Type of Program:

**Air Quality Investment Program (AQIP)** - Complete Sections I – II (pages 1-5,16)

**Emission Reduction Strategy (ERS)** - Complete Sections I and III (pages 1-4, 6, 16, or 8-12 and corresponding Appendices, if applicable)

**Employee Commute Reduction Program (ECRP)** - Complete Sections I and IV (pages 1-4, and 8-30, and corresponding Appendices, if applicable)

**ECRP Offset** – Complete Sections I, IV-2, and IV-4 (pages 1-4, 8-12, and 31, and corresponding Appendices, if applicable)

**ECRP High AVR** - Complete Sections I and IV-2 (pages 1-4 and 8-12, and corresponding Appendices, if applicable) Note: Is not available for first year program submittals.

**ECRP AVR Improvement** – Complete Sections I and IV (pages 1-4 and 8-12, and corresponding Appendices, if applicable)

Current AVR \_\_\_\_\_

Prior Year 1 AVR \_\_\_\_\_

Prior Year 2 AVR \_\_\_\_\_

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 program filing fees, and Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1<sup>st</sup>. Please call our Transportation Fee Line at (909) 396-FEES for fee information, or visit our website at [www.aqmd.gov](http://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:		



# RULE 2202 - REGISTRATION FORM

YEAR:	<input type="text"/>
SITE ID:	<input type="text"/>

## Section I (continued)

### **Business Type/Classification**

Please designate the primary nature of work conducted at the worksite by selecting one of the following business types using the corresponding North American Industry Classification System (NAICS) codes. For more information on NAICS Codes, please refer to <https://www.naics.com/search-naics-codes-by-industry/>.

<b>Worksite Type/Classification</b>	<b>NAICS Code</b>
Utilities	22
Construction	23
Manufacturing	31-33
Wholesale Trade	42
Retail Trade	44-45
Transportation and Warehousing	48-49
Information	51
Finance and Insurance	52
Real Estate and Rental and Leasing	53
Professional, Scientific, and Technical Services	54
Management of Companies and Enterprises	55
Administrative and Support and Waste Management and Remediation Services	56
Educational Services	61
Health Care and Social Assistance	62
Arts, Entertainment, and Recreation	71
Accommodation and Food Services	72
Public Administration/Government	92
Other (please specify): _____	



# RULE 2202 - REGISTRATION FORM

YEAR:	
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## Section I (continued)

### Telecommute Activity

Please answer the following questions describing the telecommute activities at the worksite. For additional guidance on telecommute activities, please refer to Section (II)(B)(3) of the ECRP Guidelines.

1. Does a written telecommute policy exist?      Yes                  No  
*\*"A formalized telecommute policy does not need to be developed for Rule 2202 compliance reporting purposes."*

2. Are all employees eligible to telecommute?      Yes                  No

3. Are there specified groups of employees who are unable to telecommute?      Yes                  No  
 3a. If yes, how many employees in specified groups are unable to telecommute: \_\_\_\_\_

4. Are employees offered incentives to telecommute?      Yes                  No  
 4a. If yes, please specify: \_\_\_\_\_

5. Are employee telecommute schedules permanent or is there a future return to office date?  
                                  Permanent                          Set Return to Office Date  
 5a. If there is a set return to office date, what is the date?: \_\_\_\_\_

6. Are any telecommuting employees considered "remote employees"?      Yes                  No  
*\*"REMOTE EMPLOYEES are employees who are assigned to a regulated worksite located within the South Coast AQMD, however, primarily live and work at locations outside of the South Coast AQMD, and physically commute to the regulated worksite less than five days a year."*  
 6a. If yes, how many?: \_\_\_\_\_

7. How many peak window employees are currently telecommuting?: \_\_\_\_\_

8. Please specify the number of peak window employees that telecommute according to the following schedules below and calculate telecommute trips:

- |                          |                             |
|--------------------------|-----------------------------|
| 8a. 1 day a week: _____  | 9a. multiply 8a by 1: _____ |
| 8b. 2 days a week: _____ | 9b. multiply 8b by 2: _____ |
| 8c. 3 days a week: _____ | 9c. multiply 8c by 3: _____ |
| 8d. 4 days a week: _____ | 9d. multiply 8d by 4: _____ |
| 8e. 5 days a week: _____ | 9e. multiply 8e by 5: _____ |

10. Total peak window telecommute trips per week (total 9a through 9e): \_\_\_\_\_

I attest that the above information regarding the telecommute activities at the worksite are accurate and have been validated using Human Resources/Payroll records.

**Signature of Human Resources Representative or Employee Transportation Coordinator:**

\_\_\_\_\_ Date: \_\_\_\_\_



# RULE 2202 - REGISTRATION FORM

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<b>Section II - Air Quality Investment Program (AQIP) Option</b>	
1. <b>Enter</b> 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 <b>STOP</b> here. Refer to Rule 311 for current AQIP Investment Fees. <b>Remit this amount</b> Annual:        Three-Year: <b>plus the Filing Fee:</b>	
3. Second or Third Year of a Three-Year Option Enter the additional number of employees in excess of the number of employees reported in the first year of the Three-Year Option.	
4. Multiply Line 3 times the Annual Compliance Option amount and enter that amount here. <b>Remit this amount plus the Filing Fee</b>	

**If you are using the AQIP option to comply with Rule 2202, STOP here and submit only completed pages 1-5 and 16 of this package.**





# RULE 2202 - REGISTRATION FORM

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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 6 am-10 am 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).			
<b>Check one:</b> AVR Survey*      Default AVR (1.1) Alternative Method      Certification Number & Date _____ Other      (requires prior SCAQMD approval)			
Emission Reduction Target (ERT) Calculation		VOC	NOx
3. Enter the Employee Emission Reduction Factors** with respect to the worksite's Performance Zone. (See tables 1-3 of the Employee Emission Reduction Factors)			
4. Multiply Line 1 times Line 3 and enter the results.			
5. Enter the Emission Factors for Vehicle Trip Emission Credits. ** (see Table 4 of the Employee Emission Reduction Factors)			
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). <b>STOP</b> 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
8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits or other SCAQMD approved emission reduction strategies).			
9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, non-peak CCVR's, etc.). For non-peak CCVR credits, <b>divide</b> the off-peak CCVR by 1.15; <b>enter</b> the adjusted CCVR here: _____ <b>Multiply</b> adjusted CCVR by line 5 and <b>enter</b> 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). <b>STOP</b> 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 SCAQMD			

\*Complete Section IV-2 AVR Verification Process (pages 8-12). If not conducting and AVR survey, report VMT information on page 16.

\*\*The Employee Emission Reduction Factor Tables can be found at the SCAQMD website, under Rule 2202 Forms, Rule, Guidelines and Fees:

<http://www.aqmd.gov/2202>



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## Section IV

### Employee Commute Reduction Program (ECRP) Option



# RULE 2202 - REGISTRATION FORM

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## Section IV – Employee Commute Reduction Program (ECRP) Option

### Section IV-2. AVR Verification Process

#### A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices: See Rule 2202 – Employee Commute Reduction Program (ECRP) Guidelines for additional information.

**AVR Survey Form (See Appendix A)**

**District Approved Alternative Survey** (Random Sample or Record-Keeping methods require prior SCAQMD approval and an additional certification fee for alternative methods. (See Rule 308: (c) (2) (G)) and ECRP Guidelines Section II.C.3)

Certification Number: \_\_\_\_\_ Date: \_\_\_\_\_

#### B. AVR Survey Information

##### Survey Week:

First day of survey

Last day of survey

##### Survey Response Rate (Peak Window)

Number of surveys returned from employees reporting to work within the designated Peak Window

divided by

Total number of employees reporting to work within the designated Peak Window

=

Survey response rate (60% minimum response rate required)

 %

**NOTE: This number cannot be greater than 100%.**

##### Survey Response Rate (Off-Peak Period, if applicable)

**NOTE: Reporting Off-Peak data is optional. See ECRP Guidelines for additional information**

Number of surveys returned from employees reporting to work during the off-peak period

divided by

Total number of employees reporting to work during the off-peak period

=

Survey response rate (60% minimum response rate required)

 %

#### C. AVR Data Location

Specific location where AVR verification data are stored at your worksite (Refer to Section I of the ECRP Guidelines)



# RULE 2202 - REGISTRATION FORM

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## Section IV-2 (Cont.) D. Weekly Employee Survey Summary Form (Peak)

### See Instructions on Pages 13 and 14.

Summarize the commute modes of employees who began work within the designated 6-10 a.m., Monday-Friday window (Refer to Page 13 of these compliance forms for mode definitions and AVR calculation instructions)

Days of the week:

Hours: to

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
No Survey Response (60-89%)						
Surveys with Errors						
A. Zero Emission Vehicle (Electric/Fuel Cell)						
B. Bus						
C. Rail/Train (LA Metro Rail, Metrolink, etc.)						
D. Walk						
E. Bicycle						
F. Telecommute (Work from home/Remote)						
G. Noncommuting (at site for 24hrs or outside district)						
H. Drive Alone						
I. Motorcycle						
J. 2 persons in vehicle						
K. 3 persons in vehicle						
L. 4 persons in vehicle						
M. 5 persons in vehicle						
N. 6 persons in vehicle						
O. 7 persons in vehicle						
P. 8 persons in vehicle						
Q. 9 persons in vehicle						
R. 10 persons in vehicle						
S. 11 persons in vehicle						
T. 12 persons in vehicle						
U. 13 persons in vehicle						
V. 14 persons in vehicle						
W. 15 persons in vehicle						

### Compressed Work Week Day(s) Off

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

### Other Days Off

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

<b>TOTALS</b> (Each day should match)						
---------------------------------------	--	--	--	--	--	--



# RULE 2202 - REGISTRATION FORM

YEAR:

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## Section IV-2 (cont.)

### E. Weekly Employee/Vehicle Calculation (Peak)

#### Weekly Employee Trips

Mode	Column I
No Survey Responses (if 60%-89%)	
Surveys with Errors	
A. Zero Emission Vehicles (Electric/Fuel Cell)	
B. Bus	
C. Rail/Train (LA Metro Rail, Metrolink, etc.)	
D. Walk	
E. Bicycle	
F. Telecommute (Work from home/Remote)	
G. Noncommuting (at site for 24 hrs or outside district)	
H. Drive Alone	
I. Motorcycle	
J. 2 persons in vehicle	
K. 3 persons in vehicle	
L. 4 persons in vehicle	
M. 5 persons in vehicle	
N. 6 persons in vehicle	
O. 7 persons in vehicle	
P. 8 persons in vehicle	
Q. 9 persons in vehicle	
R. 10 persons in vehicle	
S. 11 persons in vehicle	
T. 12 persons in vehicle	
U. 13 persons in vehicle	
V. 14 persons in vehicle	
W. 15 persons in vehicle	

#### Weekly Vehicles Trips

	Column II
NSR divided by 1	
Surveys with errors divided by 1	
A. Zero Emission Vehicles(Electric/Fuel Cell)	0
B. Bus	0
C. Rail/Train (La Metro Rail, Metrolink, etc.)	0
D. Walk	0
E. Bicycle	0
F. Telecommute (Work from home/Remote)	0
G. Noncommuting (at site for 24 hrs or outside district)	0
H. divided by 1	
I. divided by 1	
J. divided by 2	
K. divided by 3	
L. divided by 4	
M. divided by 5	
N. divided by 6	
O. divided by 7	
P. divided by 8	
Q. divided by 9	
R. divided by 10	
S. divided by 11	
T. divided by 12	
U. divided by 13	
V. divided by 14	
W. divided by 15	

#### Compressed Work Week Day (s) Off

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

<b>ET. Employee Trips (Total NSR thru Z)</b>	
--	--

<b>TV. Total Vehicles (NSR through W)</b>	
---	--

#### Other Days Off

AA. Vacation	
BB. Sick	
CC. Other Day Off, Jury Duty, LOA, etc	
*DD. NSR (90% or higher)	
**OO. Off-Peak Trips (Mixed Schedule)	
<b>EE. Total (ET+AA+BB+CC+DD+OO)</b>	
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 Section G - ETC Instructions, on page 10.**

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



# RULE 2202 - REGISTRATION FORM

YEAR:

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## Section IV-2 (cont.)

### F. AVR Planning Form

1. Total employee trips generated within window. (Section IV-2-E, Line ET).
2. Total vehicles arriving at the worksite within the window. (Section IV-2-E, Line TV).
3. Divide line #1 of this page by line #2 of this page for current AVR.
4. Enter target AVR of your worksite performance zone here. (1.30, 1.50, or 1.75).  
To determine correct performance zone refer to map in Appendix B.
5. AVR of last submittal.


For three-year AVR Improvement Program provide prior 2 Years AVR's:  
 Previous compliance year submittal:  
 Previous two compliance years 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).

- Telecommute Activity Adjustment (Complete Appendix C)
- Off-Peak Credits (Complete Appendix D)
- Reduced Staffing (Complete Appendix E)
- Non-Regulated Sites (Complete Appendix F)

Multiple Adjustment Worksheet (Complete Appendix G)



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

## Section IV-2 (cont.)

### G. Weekly Vehicle Miles Traveled (VMT) by Mode (Peak)

#### Weekly Employee VMT\*

Mode	Total Miles Traveled
No Survey Responses (if 60%-89%)	0
Surveys with Errors	0
A. Zero Emission Vehicles (Electric/Fuel Cell)	
B. Bus	
C. Rail/Train (LA Metro Rail, Metrolink, etc.)	
D. Walk	
E. Bicycle	
F. Telecommute (work from home/remote)	
G. Noncommuting (at site for 24 hrs or outside district)	
H. Drive Alone	
I. Motorcycle	
J. 2 persons in vehicle	
K. 3 persons in vehicle	
L. 4 persons in vehicle	
M. 5 persons in vehicle	
N. 6 persons in vehicle	
O. 7 persons in vehicle	
P. 8 persons in vehicle	
Q. 9 persons in vehicle	
R. 10 persons in vehicle	
S. 11 persons in vehicle	
T. 12 persons in vehicle	
U. 13 persons in vehicle	
V. 14 persons in vehicle	
W. 15 persons in vehicle	

#### Compressed Work Week Day(s) Off

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

#### Other Day(s) Off

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

<b>TVMT. Potential Maximum Total VMT (A thru CC)</b>	
--	--

\*The VMT totals that are required on this form represent the potential maximum VMT for a worksite, including total vehicle miles that would have been traveled by employees who are telecommuting and/or using other modes that reduce or eliminate a commute trip to the worksite.



YEAR: 


  
SITE ID: 


**H. 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:

- A. One stack for all those employees who began work only in the 6:00 - 10:00 a.m. window (peak).
  - B. The second stack is for those who began work at anytime both in the peak window and outside of the window that week (mixed schedule); and
  - C. The last stack of surveys would be everyone who began work 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 began work in the peak. The mixed schedule must be the same five days as the peak.
- A. For the days they began work in the peak, tabulate their mode as usual.
  - B. For the days they began work in the off-peak, tabulate those totals on line "OO" Off-Peak. This way you are tabulating five answers for each person.
  - C. Total each row going across for the Total of the week. Total each column going down per day for the Daily Total.
  - D. The Daily Total should match the total number of employees in the window which was reported on page 6. These totals will be used for your peak AVR calculation on page 9.
  - E. Employees that are classified in the "Other Days Off" category are included in the AVR calculation if they begin work in the window at least one day during the survey week. The net effect of "Other Days Off" on the AVR calculation will be neutral. Employees in this category include, but are not limited to, the following:
    - i. employees on vacation, sick, or furlough;
    - ii. employees on per-diem or on-call that do not meet the definition of field personnel;
    - iii. employees on jury duty, military duty;
    - iv. employees who begin work outside the window provided they begin in the window at least one other day during the week;
    - v. employees not scheduled to work that day;
    - vi. employees that are home dispatched;
    - vii. employees on maternity leave;
    - viii. employees on bereavement leave; and/or
    - ix. employees on medical /disability leave.
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. Reporting errors resulting from missing or incorrect information must be calculated as one employee per vehicle arriving at the worksite. Reporting errors that do not indicate the time when the employee begins work must be assumed to occur in the peak window. **All returned surveys must be accounted for in the AVR calculations.**
- A. If the response rate is 60-89%, put the totals in line NSR.
  - B. If the response rate was 90% or higher, put the totals in line DD.





# RULE 2202 - REGISTRATION FORM

YEAR: 


SITE ID: 


4. Now for the third stack of surveys in the off-peak. Go through the same process for all of those employees who began work 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 40.
  - A. Count the mode that the employee chose while working the days in the off-peak. Then for the days they began work outside of the off-peak (or in the window) tabulate those responses on line "OO" Peak.
  - B. It's important to realize that you are tabulating five answers, one for each person per day.
  - C. 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.
  - D. Employees walking, bicycling, telecommuting, using public transit, using a zero emission vehicle or other vehicles as pre-approved by the Executive Officer or designee, or on their day off under a compressed work week, should be counted as employees arriving at the worksite with no vehicle. Employees arriving to work in a Plug-In Hybrid Electric Vehicle (PHEV) meet the definition of a zero emission vehicle provided that the entire trip to work is made exclusively under electric power. This applies to plug-in vehicles with all electric range that can travel exclusively under electric power without use of the gasoline engine or cogeneration system. Employees who drive alone or carpool using a zero emission vehicle are eligible to claim ZEV credit.

**Instructions for Completing the Weekly Employee/Vehicle Calculation Form (Peak) on Pages 9-10 and, if applicable, on Pages 47 – 48 for Off-Peak:**

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. 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.
6. Add line A thru Z from Column 1 and enter total in line "ET". This number represents the total weekly employee trips. Add lines A thru W in Column II and enter total in line "TV". This number represents the total weekly vehicle trips.
7. Add ET + AA + BB + CC + DD + OO (if applicable) and enter result in line "EE", Column 1.
8. 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 6.
9. Be sure that line EE equals line GG.

**Instructions for Completing the AVR Planning Form on Page 11:**

10. 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.
11. Divide line 1 by line 2 to calculate your AVR. Enter the results on line 3.
12. Transfer the totals from Off-Peak Weekly Summary Form on Page 40 and tabulate the results on the Weekly Vehicle Calculation Off-Peak on page 41. Then take the data from both the Peak Weekly Vehicle Calculation page 8 and the Off-Peak Weekly Vehicle Calculation page 41 and tabulate the adjusted AVR credit on Appendix C, Page 42 and any other applicable appendices.



# RULE 2202 - REGISTRATION FORM

YEAR:	
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## Instructions for Completing the Weekly Vehicle Miles Traveled (VMT) By Mode (Peak) Form on Page 12 and, if applicable, on Page 49 for Off-Peak

11. Beginning with the "peak only" surveys, use the answers given by survey takers under "Miles to Worksite (one way)" to calculate the total number of miles traveled by employees for each transportation mode for each day of the survey period. The VMT totals that are required on this form represent the potential maximum VMT for a worksite, including total vehicle miles that would have been traveled by employees who are telecommuting and/or using other modes that reduce or eliminate a commute trip to the worksite
12. Add the totals by mode for each day and enter the weekly total in the appropriate boxes on the Weekly Vehicle Miles Traveled (VMT) by Mode form on page 12. If using the South Coast AQMD VMT Calculator tool, refer to calculator instructions to upload AVR survey data to calculate VMT by mode and enter data on the form.
13. Add line A through CC and enter the total in "TVMT".

### OR, if using Rule 2202's online VMT Calculator tool

14. Download the VMT Survey Template from Rule 2202's online VMT Calculator. Survey data may be manually entered into the Excel template by copying individual survey answers into the template, or by copying and pasting survey data into the appropriate columns.
  - a. Column A: This column shall include a number ID given to that individual's survey. The number can be randomly generated, and should not correspond to the individual's actual employee ID in order to remain anonymous. Each row will have a unique ID that refers to one individual's survey.
  - b. Column B: This column must include the number of miles traveled by the individual to the worksite. The VMT totals that are required on this form represent the potential maximum VMT for a worksite, including total vehicle miles that would have been traveled by employees who are telecommuting and/or using other modes that eliminate a commute trip to the worksite. The information in this column must only be numerical.
  - c. Column C: This column will include information on whether the individual is primarily a peak window employee or an off-peak window employee. The data in the column must be either "yes" or "no". The tool will calculate both peak window VMT and off-peak VMT. Off-peak VMT is not required but should be reported in the case of an off-peak window survey. If only peak window employees were surveyed, then every row in column C will read "yes".
  - d. Column D-H: This column will include the transportation mode taken by the individual on each day of the survey period. Transportation modes must be spelled correctly and in the format outlined on the calculator.
15. Once the template has been filled with your worksite's survey results, the Excel sheet can be uploaded to the VMT Calculator tool. The tool will flag any errors for the ETC to address before VMT can be calculated.
16. Calculate the VMT and enter the results on Page 12, and on Page 49 if an Off-Peak survey was completed.

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



# RULE 2202 - REGISTRATION FORM

YEAR:	
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## Vehicle Miles Traveled (VMT) Reporting

Rule 2202 Implementation Guidelines Section (IV)(B)(vi)(b): "If an AVR survey is not conducted, the worksite will report employee home zip codes based on Human Resources (HR)/payroll records in a format provided by South Coast AQMD. Zip codes shall be reported using anonymized employee data such that specific employee names or other identifying information is not included."

### Instructions for Completing the VMT Calculation Using Employee Zip Codes

1. If your worksite does not conduct an AVR survey, employee VMT will be calculated through the South Coast AQMD VMT calculator tool. This calculator tool is available on the Rule 2202 website.
2. Compile employee home zip code information so that it can be copied into in an excel sheet format designated by South Coast AQMD. Zip code information should be compiled to show the number of employees that reside within each zip code.
3. Open the VMT calculator tool and select the Zip Code VMT option, then download the Zip Code VMT template.
4. Enter the worksite address into the template. Ensure that each part of the address is in the proper cell of the Excel sheet.
5. Enter the zip codes of employee addresses in column A and the number of employees that live within that zip code in column B.
6. Upload the completed Excel sheet into the calculator tool. The tool will validate that the data entered is in the right format. If there is a data format error, the tool will flag the error. The corrected Excel form can then be reuploaded.
7. Use the VMT Calculator to calculate your worksite's total VMT, enter below.

Number of employees included in Zip Code calculation: \_\_\_\_\_

Potential Maximum Daily Total VMT: \_\_\_\_\_

Potential Maximum Weekly Total VMT (Total Daily VMT multiplied by 5): \_\_\_\_\_



YEAR:

SITE ID:

**Section IV-3: Good Faith Effort Determination Elements**

**A. Marketing Strategies**

Employers who have not attained the target AVR and are not eligible for either the High AVR Program or the AVR Improvement Program 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:**

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

- Attendance at a Marketing Class, at least Annually (must submit proof of attendance with the plan submittal)
- Direct Communication by the highest ranking official, at least Annually (written or electronic)
- Employer Newsletter, Flyer/Announcements/Memo/Letter to Employees, at least Quarterly. If provided electronically, an update or notice must be sent to all employees of the communication's availability
- Employer Rideshare Events, at least Annually
- New Hire Orientation, as needed
- Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks
- Rideshare Meetings/ Focus Group(s), at least Semi-Annually
- Rideshare Website, at least Quarterly announcements to employees (If provided electronically, an update or notice must be sent to all employees of the communication's availability)
- Other Marketing Strategies (please specify below):



**B. SUMMARY OF STRATEGIES**

Employers who have not attained the target AVR and are not eligible for either the High AVR Program or the AVR Improvement Program must select and complete the corresponding pages for at least five (5) Basic/Support and five (5) Direct Strategies from the following menu that the worksite will be implementing.

**BASIC/SUPPORT STRATEGIES**

- |                                      |   |
|--------------------------------------|---|
| Car Sharing Services                 | Rideshare Matching Services                               |
| Commuter Choice Program              | TMA/TMO Services  |
| Flex Time Schedules                  | Transit Information Center                                |
| Guaranteed Return Trip               | Voluntary Worksite Transfers                              |
| Mobility Hub Services                | Zero Emission Vehicle Charging and Fueling Infrastructure |
| On-Site Amenities                    | Other   |
| Personalized Commute Assistance      |   |
| Preferential Parking for Ridesharers |   |

**DIRECT STRATEGIES**

- |   |                     |
|---|---------------------|
| Bicycle/Scooter Program                               | Points Program      |
| Compressed Work Week                                  | Prize Drawings      |
| Direct Financial Awards                               | Start-up Incentives |
| Discounted or Free Meals                              | Telecommuting       |
| Employee Clean Vehicle Purchases                      | Time Off with Pay   |
| Gift Certificates                                     | Transit Subsidy     |
| Off Peak Rideshare Program                            | Vanpool Program     |
| Parking Charge/Subsidy                                | Other               |
| Parking Cash Out/Parking Mgmt. Strategies (Voluntary) |                     |



C. BASIC/SUPPORT STRATEGIES

Complete the information for the corresponding Basic/Support Strategies that were previously identified on Page 13. Do not repeat the same strategy in more than one place

**Car Sharing** – The employer provides a Car Sharing Service to enable rideshare participants to utilize vehicles from the worksite during the workday, if necessary, due to the employee using an alternative mode to arrive at the worksite.

Number of cars available

Number of eligible employees

**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 and get a tax deduction for the expense; or employers can allow employees to set aside pre-tax income to pay for qualified commute costs. This amount of an employee’s salary is not subject to income tax. The Commuter Choice tax benefit is based on Section 132(a)(5) of the federal tax code. This program allows employees to set aside pre-tax income for qualified commute modes. Section 132(AF) covers transit, vanpool and bicycle benefits as qualified parking.

**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 and the flexibility in minutes. (Do not use this strategy unless flex time is linked to your rideshare program.)

Grace Period

Shift Flexibility

Other

Does a written policy exist?      Yes                      No

**Guaranteed Return Trip (GRT)** – 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



# RULE 2202 - REGISTRATION FORM

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GRT 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            |

**Mobility Hub** – The employer provides a rideshare service from a Mobility Hub to the worksite to encourage use of alternative modes of transportation.

Check all that apply:

- Public Transit
- Park & Ride Lot
- E-Bike/E-Scooter Hub
- Other

**On-Site Amenities** – The employer provides access to amenities at the worksite to reduce additional employee trips.

Check all that apply:

- |                       |     |
|-----------------------|-----|
| Food/Beverage Service | Gym |
| Childcare             | ATM |
| Other                 |     |

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

Check all that apply:

- Organized 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



# RULE 2202 - REGISTRATION FORM

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**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.)

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

Check all that apply:

Eligible Based System

TMA/TMO System

Regional Commute Management Agency

Zip Code Lists/Maps

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

During New Hire Orientation

As Part of an Employer Wide Survey

On Demand

Other

**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:

**Transportation Management Agency/Transportation Management Organization (TMA/TMO) Services** – The employer utilizes services offered by a TMA/TMO to manage employee transportation needs.

Name of TMA/TMO:

Services provided by TMA/TMO:





# RULE 2202 - REGISTRATION FORM

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**Voluntary Worksite Transfer** – The employer provides eligible employees the ability to transfer worksites to the worksite that is located closer to the employee’s residence.

Number of alternate worksites available

Does a written policy exist?                      Yes                      No

**Zero Emission Vehicle Charging and Fueling Infrastructure** – The employer has provided one or more Electric Vehicle Charging Station(s) (EVCS) at the worksite, or a hydrogen fueling station. An EVCS means a device or station that provides power to charge the batteries of a dedicated battery-electric vehicle, zero emission vehicle. A hydrogen fueling station is a station that provides hydrogen fuel to power a zero emission, fuel cell vehicle. If necessary, please attach a list of any additional chargers.

Total Number of Charging Stations

Total Number of Ports (may be more than one per station)

*Please provide information for each type of charger at the worksite, and/or the daily capacity of the hydrogen fueling station. If necessary, please attach a list of any additional chargers or fueling stations.*

Charger Level (kW):  
Ports per Charger:  
Charger Manufacturer:  
KWH Supplied (if known):

Charger Level (kW):  
Ports per Charger:  
Charger Manufacturer:  
KWH Supplied (if known):

Daily Capacity of Hydrogen Fueling Station (kg):

**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 of the additional services provided, 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.



**D. DIRECT STRATEGIES**

Complete the information for the corresponding Direct Strategies that were previously identified on page 13. 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 style="width: 100%; height: 20px;" 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 style="width: 100%; height: 20px;" type="text"/>

**\*\*\*Minimum Requirement**

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

**Bicycle/Scooter Program** – The employer provides eligible employees, who commute by bicycle or scooter, unique incentives and tools only available to bicyclists or scooterists and not offered elsewhere in the plan.

Do you participate in Bike to Work Week? Yes No

<b>Check each element that applies</b>	<b>Frequency Code*</b>	<b>Eligibility Code**</b>	<b>Minimum Requirement***</b>
<input type="checkbox"/> Bicycle/Scooter Matching/Meetings			
<input type="checkbox"/> Shoes/Clothing/Helmets/Locks/etc.			
<input type="checkbox"/> Lockers/Racks/etc.			
<input type="checkbox"/> Bicycle/Scooter Repair Services			
<input type="checkbox"/> Tools or Repair Kits			
<input type="checkbox"/> Discounts at Local Bike/Scooter Shops			
<input type="checkbox"/> Other Bicycle/Scooter Related Services (please specify)			



# RULE 2202 - REGISTRATION FORM

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**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

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

		Eligible Number of Employees
<input type="text"/>	3/36 Compressed Work Week	<input type="text"/>
<input type="text"/>	4/40 Compressed Work Week	<input type="text"/>
<input type="text"/>	9/80 Compressed Work Week	<input type="text"/>

**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***
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# RULE 2202 - REGISTRATION FORM

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**Employee Clean Vehicle Purchase Program** - The employer provides eligible employees incentives to purchase partial zero emission vehicles (PZEV), advance technology PZEV (AT-PZEV), or zero emission vehicles (ZEV).

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 or other funding source 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***

If award is provided by another funding source, provide name of entity:

---

**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

YEAR:

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## Off-Peak Rideshare Program (cont.)

### Off-Peak Direct Strategies

<input type="checkbox"/>	Bicycle Program	<input type="checkbox"/>	Points Program
<input type="checkbox"/>	Compressed Work Week	<input type="checkbox"/>	Prize Drawings
<input type="checkbox"/>	Direct Financial Awards	<input type="checkbox"/>	Start-up Incentives
<input type="checkbox"/>	Discounted or Free Meals	<input type="checkbox"/>	Telecommuting
<input type="checkbox"/>	Employee Clean Vehicle Purchases	<input type="checkbox"/>	Time Off with Pay
<input type="checkbox"/>	Gift Certificates	<input type="checkbox"/>	Transit Subsidy
<input type="checkbox"/>	Parking Charge/Subsidy	<input type="checkbox"/>	Vanpool Program
<input type="checkbox"/>	Parking Cash Out/Parking Mgmt. Strategies (Voluntary)	<input type="checkbox"/>	Other (specify below)

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**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.

Employee Parking Charge Per Space:  Monthly Rate

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				



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

**Parking Cash-Out/Parking Management Strategies (Voluntary)**

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. If per State requirements you are NOT mandated to implement this program but are doing so voluntarily, please select this Strategy and complete Appendix G of these Compliance Forms (See Section V-B., Page 26 of the ECRP Guidelines for applicability requirements and additional information).

**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	Eligibility	Minimum Requirement***

**Prize Drawings** - The employer provides eligible employees with a chance to win prizes, at least quarterly, for participation in the Employee Commute Reduction Program.

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

**Start Up Incentive** – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and is 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: \_\_\_\_\_



# RULE 2202 - REGISTRATION FORM

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

Does a written policy exist?  Yes  No

### 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 eligible program participants: \_\_\_\_\_

**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	<b>Units:</b> M = Minutes H = Hours D = Days
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Month	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	

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



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

**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:**

**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:  Minimum  Maximum

If empty seats are subsidized, how much?  Minimum  Maximum Per Seat

For how long are empty seats subsidized?

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

**If Yes, please explain:**





# RULE 2202 - REGISTRATION FORM

YEAR:	
SITE ID:	

**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 - REGISTRATION FORM

YEAR:

SITE ID:

<b>Section IV - 4 Employee Commute Reduction Program Offset Option</b>				
1. <b>Enter</b> 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. This number can be obtained by dividing the number shown in Section IV-2, item E, Line ET, by 5.				
2. <b>Enter</b> the daily average number of vehicles 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. This number can be obtained by dividing the number shown in Section IV-2, item E, Line TV, by 5.				
3. <b>Subtract</b> Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.				
<b>Emission Reduction Target (ERT) Calculation</b>		<b>VOC</b>	<b>NOx</b>	<b>CO</b>
4. <b>Enter</b> the Employee Emission Reduction Factors* in accordance with the worksite's Performance Zone. (See tables 1-3 of the Employee Emission Reduction Factors) <b>Check one:</b> Zone 1                  Zone 2                  Zone 3				
5. <b>Multiply</b> Line 1 times Line 4 and enter the results.				
6. <b>Enter</b> the Emission Factors for Vehicle Trip Emission Credits.* (see Table 4 of the Employee Emission Reduction Factors)				
7. <b>Multiply</b> Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).				
8. <b>Subtract</b> Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). <b>STOP</b> 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 9, and/or Line 10, and/or Line 13.				
<b>Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area</b>		<b>VOC</b>	<b>NOx</b>	<b>CO</b>
9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, or other SCAQMD approved emission reduction strategies).				
10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, non-peak CCVR's, etc.). To determine non-peak CCVR, repeat steps 1-3 above for off-peak survey results. <b>Divide</b> the CCVR by 1.15. <b>Enter</b> adjusted CCVR here . <b>Multiply</b> adjusted CCVR by line 6 and <b>enter</b> results.				
11. <b>Enter</b> the sum of Lines 9 and Line 10.				
12. <b>Subtract</b> Line 11 from Line 8 and enter the results. This is your net EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.				
<b>Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT</b>		<b>VOC</b>	<b>NOx</b>	<b>CO</b>
13. Air Quality Investment Program Option to Offset the ERT: <b>Divide</b> Line 12 by the corresponding Equivalent Emission Factor in Line 4. Use round numbers only. <b>Enter</b> results here.				
14. <b>Multiply</b> the highest number on Line 13 by the Annual Compliance Option Fee in Rule 311. This is the equivalent AQIP Fee to Offset your Net ERT. <b>STOP</b> here, you are in compliance.		_____		

\*The Employee Emission Reduction Factor Tables can be found at the SCAQMD Website, under Rule 2202 Forms, Rule, Guidelines and Fees or at the link below:

<http://www.aqmd.gov/docs/default-source/transportation/supplemental-documents/rule-2202-emission-factors.pdf?sfvrsn=13>

## **APPENDIX A**

### **Average Vehicle Ridership Survey Form & Instructions**

- **ENGLISH VERSION**
- **SPANISH VERSION**  
(Survey Form)

Survey Week: \_\_\_\_\_

Month/Day/Year - Month/Day/Year

## Average Vehicle Ridership (AVR) Survey Form

### Employee Information

Name: \_\_\_\_\_

Employee I.D.#: \_\_\_\_\_

Miles to Worksite (one way): \_\_\_\_\_

Home Zip Code: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Mon		Tue		Wed		Th		Fri	
<b>Time you Began Work</b>										
<b>Circle a.m. or p.m.</b>	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
<b>Mode of Transportation</b>										
A. Zero Emission Vehicle (Electric/Fuel Cell)										
B. Bus										
C. Rail/Train (LA Metro rail, Metrolink, etc.)										
D. Walk										
E. Bicycle										
F. Telecommute (Work from home/Remote)										
G. Noncommuting (at site or outside district for 24 hours)										
H. Drive Alone										
I. Motorcycle										
J. 2 persons in vehicle										
K. 3 persons in vehicle										
L. 4 persons in vehicle										
M. 5 persons in vehicle										
N. 6 persons in vehicle										
O. 7 persons in vehicle										
P. 8 persons in vehicle										
Q. 9 persons in vehicle										
R. 10 persons in vehicle										
S. 11 persons in vehicle										
T. 12 persons in vehicle										
U. 13 persons in vehicle										
V. 14 persons in vehicle										
W. 15 persons in vehicle										
<b>Compressed Work Week Day(s) Off</b> (Please indicate scheduled day(s) off. Compressed work week includes rotating day off (RDO), Flex day off, or other alternative work week schedules.)										
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)										
<b>Other Days Off</b> (Please indicate scheduled days off.)										
AA. Vacation										
BB. Sick										
CC. Other Day Off, Jury Duty, LOA, etc.										

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

Refer to Instructions to determine appropriate responses

Semana de la Encuesta: \_\_\_\_\_

MES/DIA/AÑO - MES/DIA/AÑO

## Encuesta del Viaje Semanal (AVR) del Empleado

### Información del empleado

Nombre Completo: \_\_\_\_\_

Numero de Identificación del Empleado: \_\_\_\_\_ Millas de su domicilio al trabajo (de ida solamente): \_\_\_\_\_

Teléfono: \_\_\_\_\_ Código Postal de su Domicilio: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

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.
<b>Marque a.m. o p.m.</b>	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
<b>Modo de Transporte</b>										
A. Vehículo con cero emisión (Auto Eléctrico)										
B. Autobús										
C. Tren/Carril (LA Metro Rail, Metrolink, etc.)										
D. Camina										
E. Bicicleta										
F. Teletrabajo (Trabajo remoto)										
G. No viaje al trabajo (noncommuting)										
H. Maneja Solo (a)										
I. Motocicleta										
J. 2 personas en el vehículo										
K. 3 personas en el vehículo										
L. 4 personas en el vehículo										
M. 5 personas en el vehículo										
N. 6 personas en el vehículo										
O. 7 personas en el vehículo										
P. 8 personas en el vehículo										
Q. 9 personas en el vehículo										
R. 10 personas en el vehículo										
S. 11 personas en el vehículo										
T. 12 personas en el vehículo										
U. 13 personas en el vehículo										
V. 14 personas en el vehículo										
W. 15 personas en el vehículo										
<b>Semana Laboral Comprimida</b> (Por favor indique día(s) libre en la semana laboral 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										
<b>Otra Día Libre</b> (Por favor indique día(s) libre programados.)										
AA. Vacaciones										
BB. Enfermedad										
CC. Otra Día Libre, Jury Duty, LOA, etc.										

**Solo debe tener un total de cinco (5) marcas, una por cada día de la semana de la encuesta.**  
 Consulte las instrucciones para determinar las respuestas apropiadas



# RULE 2202 - REGISTRATION FORM

## APPENDIX A – Average Vehicle Ridership (AVR) Survey Form & Instructions

### Employee Instructions for Completing the Average Vehicle Ridership (AVR) Survey Form:

- 1. Employee Information:** Complete the Employee Information Section, including signature and date. **Please note the "Miles to Worksite (one way)" is a required field that must be completed by the employee.**
- 2. Work start time:** Indicate the time you start work each day of the designated survey week and circle a.m. or p.m. as applicable. Also indicate your typical start time on the 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 line "J. 2 persons in vehicle" and indicate the time you began working on each of those four days. Check 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. Zero Emission Vehicle (Electric Vehicle):** Make a check mark on line "A" for every day that you commute to work in a zero emission vehicle. Do not check any other rows for that day. **If you drive alone or carpool in a zero emission vehicle, please check off line "A" on that/those day(s).** Zero Emission Vehicle can also include Hydrogen Fuel Cell vehicle. Employees arriving to work in a Plug-In Hybrid Electric Vehicle (PHEV) meet the definition of a zero emission vehicle provided that the entire trip to work is made exclusively under electric power. This applies to plug-in vehicles with all electric range that can travel exclusively under electric power without use of the gasoline engine or cogeneration system.
- 5. Bus:** Make a check mark on line "B" for every day that you take a bus to work. You count as a bus rider if you travel to work by bus for 51% or more of the total trip distance.
- 6. Rail/Train:** Make a check mark on line "C" for every day that you take the rail to work. You count as a rail/train rider if you travel to work by rail or train for 51% or more of the total trip distance. \*If you commuted to the worksite by aircraft during the survey week, please contact your ETC for more information.
- 7. Walk or Bicycle:** Make a check mark on line "D" or "E" 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 51% or more of the total trip distance.
- 8. Telecommute (Work from home/Remote):** Make a check mark on the day you telecommute. Telecommuting is defined as working at home, off site, a satellite office or at a telecommuting center during the entire day. Make a check mark on line "F" if you work at home, or if your commute to a telecommuting center results in a reduction of 51% or more of your commute distance between your home and your worksite. Remote employees are employees who are assigned to a regulated worksite, but primarily live and work outside of the South Coast AQMD and physically commute to the regulated worksite less than five days a year.
- 9. Noncommuting (at site for 24 hours or outside district for 24 hours):** Make a check mark on line "G" to indicate the days you are either outside the South Coast AQMD 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 who stay at the worksite over a 24 hour period, etc.)



# RULE 2202 - REGISTRATION FORM

## APPENDIX A – Average Vehicle Ridership (AVR) Survey Form & Instructions

- 10. Other Modes:** Check off line "H" if you drive to work alone in a passenger car, truck, or van. Check off line "I" if you drive to work alone on a motorcycle. Check off one row from line "J" to line "W" for each day of the week you ride in a vehicle occupied by two (2) to fifteen (15) persons. This identifies the number of persons traveling to work together for 51% or more of the total trip distance in each of the corresponding lines. Employees who work for different employers are included in this count as long as they are in the vehicle for 51% or more of the total trip distance.

For example, if you ride with another person, on Monday and Tuesday, check off line "J. 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 "K. 3 persons in vehicle," on those two days. If you ride to work with three other persons, you should check off line "L. 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 "M. 5 persons in vehicle". Please always use the number of persons riding in the vehicle (occupancy), not vehicle capacity.

- 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. Compressed work week includes rotating day off (RDO), flex day off, and other alternate work week schedules.

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 were on vacation, check "AA" for those days; if you were sick, check "BB" for those days. Check "CC" if you were absent from work for any of the following reasons (other than vacation or sick):

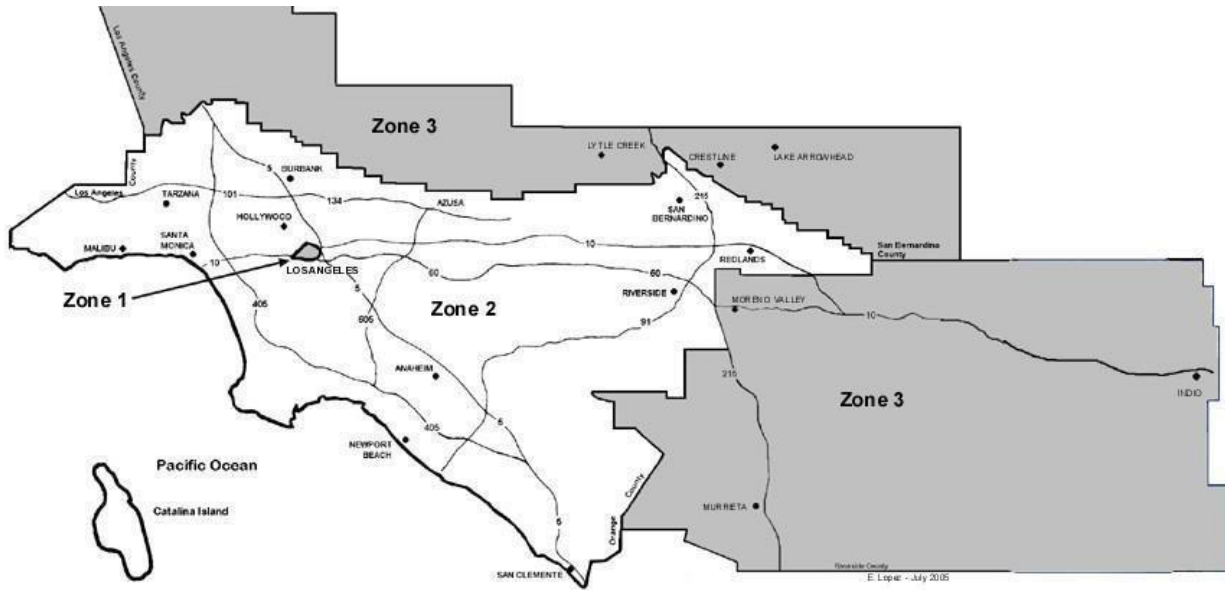
1. Jury duty
2. Military duty
3. Not scheduled to work on that day (other than compressed work day off)
4. Maternity Leave
5. Bereavement Leave
6. Long term Medical/Disability Leave/Leave of Absence
7. Furlough
8. Per Diem or On-Call
9. Employees who begin work outside the designated peak window, provided they begin work in the peak window at least one other day during the survey week

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

## **APPENDIX B**

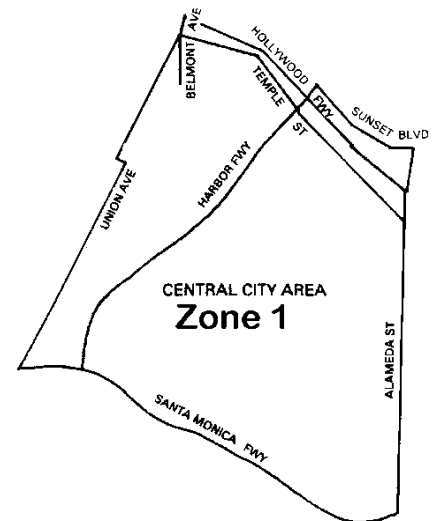
### **Supplemental Worksheets**





### 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 SCAQMD's Source/Receptor Area 1.
- Zone 2 corresponds to the SCAQMD'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 SCAQMD's Source/Receptor Areas 13, 15, 24 through 31, and 36 through 38.





# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

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### Introduction

The purpose of the Supplemental Worksheets is to assist the preparer in determining their CCVR (Creditable Commute Vehicle Reduction) Credits or VTEC (Vehicle Trip Emission Credits).

The use of the Worksheets is optional and is not required to be submitted with the Annual Program Compliance Forms. However, the Worksheets and/or other applicable supporting records must be kept at the worksite and be made available upon request to the SCAQMD or its representatives.

The employer may calculate their CCVR using any of the following:

- a. SCAQMD approved survey;
- b. Aggregated average of the most immediate past three years of AVR data using the current year employee numbers (this option cannot be used in the ECRP Offset); or
- c. 1.1 AVR default using the current year employee numbers (this option cannot be used in the ECRP Offset); or
- d. Other SCAQMD approved method.

#### Notes:

1. The SCAQMD approved survey can be found in Appendix A.
2. Other SCAQMD approved methods must be approved in writing prior to submittal of the Annual Program Compliance Forms.



# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

### SUPPLEMENTAL WORKSHEETS SCAQMD Approved Survey

By using the SCAQMD approved survey results, the peak CCVR is determined by the daily average of commute vehicle reductions based on the AVR.

**Step 1:** Enter in the table below the weekly employee trips from the survey data. Do the same for the weekly vehicle trips.

	<b>Weekly Total Employee Trips (Line ET of Form IV-2E)</b>	<b>Weekly Total Vehicle Trips (Line TV of Form IV-2E)</b>	
<b>ET</b>			<b>TV</b>

**Step 2:** Using the table below, subtract the Weekly Total Vehicle Trips (TV) from the Weekly Total Employee Trips (ET) and divide the result by 5 to obtain the daily amount of creditable commute vehicle reductions (CCVR).  **$[ET - TV] \div 5 = CCVR$**

<b>ET</b>	
<b>TV</b>	
<b><math>[ET - TV] \div 5 =</math> CCVR</b>	

**Step 3:** Enter this number (CCVR) on line 2, Section III of the Annual Program Compliance Forms, or alternatively, line 3, Section IV-4 of the Annual Program Compliance Forms.



# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

### SUPPLEMENTAL WORKSHEETS Aggregated Average

The aggregated average is determined by using the approved survey data of the most immediate past three years. Do not use the arithmetic average of AVR. The aggregated average CCVR is determined as follows:

#### **Step 1**

Enter in the table below the survey data of the weekly employee trips from the last three approved annual submittals and add. Do the same for the weekly vehicle trips.

Year 1	Weekly employee trips (line ET of form IV-2E)		Weekly vehicle trips (line TV of form IV-2E)	
	ET <sub>1</sub>		TV <sub>1</sub>	
Year 2	ET <sub>2</sub>		TV <sub>2</sub>	
Year 3	ET <sub>3</sub>		TV <sub>3</sub>	
Total	ET <sub>T</sub>		TV <sub>T</sub>	

#### **Step 2**

Using the calculated totals from Step 1, divide the total of column ET by the total of column TV.

ET <sub>T</sub>	
TV <sub>T</sub>	
ET <sub>T</sub> ÷ TV <sub>T</sub> = AVR <sub>Aggregated</sub>	

The result is AVR<sub>Aggregated</sub>.

Continue on to Step 3.



# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

### **Step 3**

Using the  $AVR_{Aggregated}$  calculated in Step 2, divide the current daily employee ( $E_{Current}$ ) by the  $AVR_{Aggregated}$ . This will result in the current daily vehicle trips ( $TV_{Current}$ ).

$E_{Current}$	
$AVR_{Aggregated}$	
$E_{Current} \div AVR_{Aggregated} =$ $TV_{Current}$	

The current daily employee number ( $E_{Current}$ ) may be established through payroll records in determining the number of employee reporting to work in the peak window.

### **Step 4**

Calculate the CCVR using the information from Step 3 by subtracting the current daily vehicle trips ( $TV_{Current}$ ) from the current daily employee ( $E_{Current}$ ).

$E_{Current}$	
$TV_{Current}$	
$E_{Current} - TV_{Current} =$ $CCVR$	

This is the CCVR based on the aggregated average of three years data.

### **Step 5**

Enter this number on line 2, Section III of the Annual Program Forms.



# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

### SUPPLEMENTAL WORKSHEETS Default AVR

#### **Step 1**

Determine the current daily employee number ( $E_{Current}$ ). This is the number of employees reporting to work in the peak window. Enter this number in table below.

#### **Step 2**

Divide the current daily employee number ( $E_{Current}$ ) by 1.1 and calculate the current daily vehicle trips ( $TV_{Current}$ ).

$E_{Current}$	
$E_{Current} \div 1.1 = TV_{Current}$	

The current daily employee number ( $E_{Current}$ ) may be established through payroll records in determining the number of employee reporting to work in the peak window

#### **Step 3**

Calculate the CCVR using the information from Step 2 by subtracting the current daily vehicle trips ( $TV_{Current}$ ) from the current daily employee ( $E_{Current}$ ).

$E_{Current}$	
$TV_{Current}$	
$E_{Current} - TV_{Current} =$ <b>CCVR</b>	

This is the CCVR based on the default average vehicle ridership.

#### **Step 4**

Enter this number on line 2, Section III of the Annual Program Compliance Forms.

## **APPENDIX C**

### **AVR Telecommute Activity Adjustment**



APPENDIX C: TELECOMMUTE ACTIVITY ADJUSTMENT

Employers may receive credit for all peak window telecommute trips that occur during the survey week, including telecommute trips taken by survey non-responders (required to be verified by HR/ payroll records). This credit will be calculated using the telecommute activity reported on page 4 to adjust the worksite's AVR.

If AVR survey response rate is 60%-89%:

AVR = E / (T - W\_N)

If AVR survey response rate is greater than or equal to 90%:

AVR = (E + (W\_T - W\_S)) / T

Where:

- E = Total number of weekly employee trips in the peak window
T = Total number of weekly vehicle trips in the peak window
W\_T = Total number of weekly telecommute trips as reported on page 4 Telecommute Activity
W\_S = Total number of weekly telecommute trips as reported by AVR survey responders on page 7
W\_N = Total number of weekly telecommute trips taken by AVR survey non-responders (line 5)

Table with 2 columns and 8 rows detailing the calculation steps for AVR adjustment, including instructions to enter, subtract, or divide values from previous steps.



## **APPENDIX D**

### **AVR Adjustment Off-Peak Credits**



# RULE 2202 - REGISTRATION FORM

## APPENDIX D - AVR ADJUSTMENT OFF-PEAK CREDITS

YEAR:

SITE ID:

### Weekly Employee Survey Summary Form (Off Peak)

#### See Instructions on Pages 13-15.

Summarize the commute modes of employees who began work outside the designated 6-10 a.m., Monday-Friday window (refer to Pages 13-15 of these compliance forms for mode definitions and AVR calculation instructions).

Days of the week: \_\_\_\_\_

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

Mode	MON	TUE	WED	TH	FRI	Total
No Survey Response (60-89%)						
Surveys with Errors						
A. Zero Emission Vehicle (Electric/Fuel Cell)						
B. Bus						
C. Rail/Train (LA Metro Rail, MetroLink, etc.)						
D. Walk						
E. Bicycle						
F. Telecommute (Work from home/remote)						
G. Noncommuting (at site for 24 hrs or outside district)						
H. Drive Alone						
I. Motorcycle						
J. 2 persons in vehicle						
K. 3 persons in vehicle						
L. 4 persons in vehicle						
M. 5 persons in vehicle						
N. 6 persons in vehicle						
O. 7 persons in vehicle						
P. 8 persons in vehicle						
Q. 9 persons in vehicle						
R. 10 persons in vehicle						
S. 11 persons in vehicle						
T. 12 persons in vehicle						
U. 13 persons in vehicle						
V. 14 persons in vehicle						
W. 15 persons in vehicle						

#### Compressed Work Week Day(s) Off

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

#### 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)						

<b>TOTALS</b> (Each day should match)						
---------------------------------------	--	--	--	--	--	--



**RULE 2202 - REGISTRATION FORM**

**APPENDIX D - AVR ADJUSTMENT OFF-PEAK CREDITS**

YEAR:

SITE ID:

**Weekly Employee/Vehicle Calculation (Off Peak) continued**  
**See Instructions on Pages 13-15.**

**Weekly Employee Trips**

Mode	Column I
No Survey Responses (if 60%-89%)	
Surveys with Errors	
A. Zero Emission Vehicle (Electric/Fuel Cell)	
B. Bus	
C. Rail/Train (LA Metro Rail, Metrolink, etc.)	
D. Walk	
E. Bicycle	
F. Telecommute (Work from home/Remote)	
G. Noncommuting(at site for 24 hrs or outside district)	
H. Drive Alone	
I. Motorcycle	
J. 2 persons in vehicle	
K. 3 persons in vehicle	
L. 4 persons in vehicle	
M. 5 persons in vehicle	
N. 6 persons in vehicle	
O. 7 persons in vehicle	
P. 8 persons in vehicle	
Q. 9 persons in vehicle	
R. 10 persons in vehicle	
S. 11 persons in vehicle	
T. 12 persons in vehicle	
U. 13 persons in vehicle	
V. 14 persons in vehicle	
W. 15 persons in vehicle	

**Weekly Vehicles Trips**

	Column II
No Survey Responses (if 60% -89%)	
Surveys with errors	
A. Zero Emission Vehicles (Electric/Fuel Cell)	0
B. Bus	0
C. Rail/Train (LA Metro Rail, Metrolink, etc.)	0
D. Walk	0
E. Bicycle	0
F. Telecommute (Work from home/Remote)	0
G. Noncommuting(at site for 24 hrs or outside district)	0
H divided by 1	
I. divided by 1	
J. divided by 2	
K. divided by 3	
L. divided by 4	
M. divided by 5	
N. divided by 6	
O. divided by 7	
P. divided by 8	
Q. divided by 9	
R. divided by 10	
S. divided by 11	
T. divided by 12	
U. divided by 13	
V. divided by 14	
W. divided by 15	

**Compressed Work Week Day (s) Off**

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

<b>ET. Employee Trips (Total NSR thru Z)</b>	
--	--

<b>TV. Total Vehicles (NSR through W)</b>	
---	--

**Other Days Off**

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

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

\*\*OO. Peak: See Section G, ETC Instructions, on page 10.

\*\*\*OO. Off-Peak: Enter the number from line OO. Off-Peak Trips of the Weekly Employee/Vehide Calculation (Peak), found on page 8. See Section IV-2, G - ETC Instructions, on page 10.

\*\*\*\*The total number of employees in the Off-Peak in this box should match the number reported on Section IV-2, on page 6, item B (Total Number of Employees Reporting to Work during the Off-Peak Period).



# RULE 2202 - REGISTRATION FORM

## APPENDIX D - AVR ADJUSTMENT OFF-PEAK CREDITS

YEAR: SITE ID: 

### F. Weekly Vehicle Miles Traveled (VMT) by Mode (Off Peak)

#### Weekly Employee VMT\*

Mode	Total Miles Traveled
No Survey Responses (if 60%-89%)	0
Surveys with Errors	0
A. Zero Emission Vehicles (Electric/Fuel Cell)	
B. Bus	
C. Rail/Train (LA Metro Rail, Metrolink, etc.)	
D. Walk	
E. Bicycle	
F. Telecommute (work from home/remote)	
G. Noncommuting (at site for 24 hrs or outside district)	
H. Drive Alone	
I. Motorcycle	
J. 2 persons in vehicle	
K. 3 persons in vehicle	
L. 4 persons in vehicle	
M. 5 persons in vehicle	
N. 6 persons in vehicle	
O. 7 persons in vehicle	
P. 8 persons in vehicle	
Q. 9 persons in vehicle	
R. 10 persons in vehicle	
S. 11 persons in vehicle	
T. 12 persons in vehicle	
U. 13 persons in vehicle	
V. 14 persons in vehicle	
W. 15 persons in vehicle	

#### Compressed Work Week Day(s) Off

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

#### Other Day(s) Off

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

<b>TVMT. Total VMT (Total A thru CC)</b>	
--	--

\*The VMT totals that are required on this form represent the potential maximum VMT for a worksite, including total vehicle miles that would have been traveled by employees who are telecommuting and/or using other modes that reduce or eliminate a commute trip to the worksite.



YEAR:	<input type="text"/>
SITE ID:	<input type="text"/>

### APPENDIX D: 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. <b>Enter E</b> - total number of weekly window employee trips in the peak window. (This number is found in Section IV-2, item E, Line ET, on page 10).	
2. <b>Enter V</b> - total number of weekly window vehicle trips in the peak window. (This number is found in Section IV-2, item E, Line TV, on page 10).	
3. <b>Enter</b> total number of weekly window employee trips in the off-peak window. (This number is found In Appendix D, Line ET, on page 48).	
4. <b>Enter</b> total number of weekly window vehicle trips in the off-peak window. (This number is found in Appendix D, Line TV, on page 48).	
5. <b>Subtract</b> Line 4 from Line 3, and enter the result here.	
6. <b>Divide</b> Line 5 by 2.3 discount factor, and enter the result here.	
7. <b>Subtract</b> Line 6 from Line 2.	
8. <b>Divide</b> Line 1 by Line 7. This is the adjusted AVR for your worksite. Transfer this number to Section IV-2, Line 6 of the AVR Planning Form on Page 11.	

## **APPENDIX E**

### **AVR Adjustment Reduced Staffing**



**RULE 2202 - REGISTRATION FORM**  
**APPENDIX E - AVR ADJUSTMENT REDUCED STAFFING**

YEAR:	
SITE ID:	

**APPENDIX E: 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 Percentage:** \_\_\_\_\_ %

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

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 (If no data is available, the default value is 260 operating days for employers with a 5 day work schedule and 365 operating days for employers with a 7 day work schedule)
- Vn = Total number of weekly window vehicle trips during the normal operating schedule (Section IV-2, Line TV, on page 10)
- 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. <b>Enter En</b> - total number of weekly window employee trips during the normal operating schedule. (This number is found in Section IV-2, item E, Line ET, on page 10)	
2. <b>Enter Tn</b> - total number of normal operating days for the worksite	
3. <b>Enter Tr</b> - total number of days during the reduced staffing schedule	
4. <b>Add</b> Line 2 plus Line 3; enter the result here	
5. <b>Multiply</b> Line 1 by Line 4; enter the result here	
6. <b>Enter Vn</b> - total number of weekly window vehicle trips during the normal operating schedule (This number is found in Section IV-2, item E, Line TV on page 10)	
7. <b>Enter Vr</b> - total number of weekly window vehicle trips that occur during the reduced staffing schedule	
8. <b>Multiply</b> Line 2 by Line 6; enter the result here	
9. <b>Multiply</b> Line 3 by Line 7 by 1.15; enter the result here	
10. <b>Add</b> Line 8 plus Line 9; enter the result here	
11. <b>Divide</b> Line 5 by Line 10. Enter the result here; transfer this number to Section IV-2, Line 6 of the AVR Planning Form, on page 11.	

## **APPENDIX F**

### **AVR Adjustment Non-Regulated Sites**





APPENDIX F - AVR ADJUSTMENT NON-REGULATED SITES

YEAR:

SITE ID:

APPENDIX F: AVR ADJUSTMENT NON REGULATED SITES

Page: \_\_\_ of \_\_\_

Provide all information as requested, for each regulated and non-regulated worksite. Please note that employers may voluntarily include worksites with less than 250 employees, and/or employees of other businesses located at the worksite, not subject to the Rule. Employers who choose to voluntarily include non-regulated employees shall refer to and comply with the requirements listed in Section II-D of the Employee Commute Reduction Program Guidelines.

Photocopy this page as needed.

Site ID # (if available)	Total Employees	Window Employees	Weekly Employee Trips	Weekly Vehicle Trips	Current AVR	Target AVR

Adjusted AVR:

Weekly Employee Trips

Weekly Vehicle Trips

Totals:

/

Adjusted AVR:

Transfer this number to Section IV-2, Line 6 on the AVR Planning Form, on page 11.

## **APPENDIX G Multiple AVR**

### **Adjustments**



## APPENDIX G - AVR Multiple AVR Adjustments

YEAR:   
 SITE ID:

### APPENDIX G: AVR ADJUSTMENT Multiple AVR Adjustments

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

- One credit adjustment must be completed before going on to the next
- All survey data must be weekly employee and weekly vehicle trip survey numbers, not daily
- If including the Telecommute Activity Adjustment, use value from line 7, page 45 for Total Employee Trips and value from line 6, page 45 for Total Vehicle Trips in the Reduced Staffing Credit calculation below. Apply Telecommute Activity Adjustment to Off-Peak Credits and Non-Regulated Worksites, where applicable, before adding to below calculation.

<b>Multiple AVR adjustments should be calculated in the following sequence:</b>	
<b>A. Reduced Staffing Credit (Complete if applicable)</b>	
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 number of Weekly Employees in Line 2 by the Reduced Staffing credit AVR in Line 1, and enter the result here. This is the new adjusted Vehicle-Trips. If you have no Off-Peak Credits skip to Line 7.	
<b>B. Off-Peak Credits. (If you do not have Reduced Staffing Credit from above start with Line 6)</b>	
4. Enter the adjusted Vehicle Trips from Line 3 above in Appendix C Off-Peak Credit, Line 2, page 50	
5. Continue to calculate the Off-Peak Credits	
6. Enter the resulting number from Line 7, page 50 of the Off-Peak Credit calculation. This is the new Vehicle Trips from your adjustments	
<b>C. Non-Regulated Worksites</b>	
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, page 54	
8. Complete the calculation for the Non-Regulated Sites	
9. Enter your adjusted AVR here and on Line 6 in Section IV-2, AVR Planning Form on page 11	

**APPENDIX H**  
**Parking Cash Out**



YEAR:

SITE ID:

**Appendix H – Parking Cash-Out**

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. For additional information on Parking Cash-Out, including applicability, please visit CARB’s web page: [www.arb.ca.gov/planning/tsaq/cashout/cashout.htm](http://www.arb.ca.gov/planning/tsaq/cashout/cashout.htm).

For additional information regarding the Parking Cash-Out Program requirements, please refer to Rule 2202 ECRP Guidelines, Section V-B.

- A.** Does your worksite lease parking spaces for employees? Yes  No
- Is your worksite’s AVR or AGREGATED AVR below your target AVR (1.30, 1.50, or 1.75?) Yes  No
- Did the current AVR remain the same or decreased in comparison to the Annual Program submitted the prior year? Yes  No

- B.**
- How many total parking spaces are there for this worksite? \_\_\_\_\_  
How many of those parking spaces do you lease for this worksite? \_\_\_\_\_
  - How many employees receive subsidies instead of the parking \_\_\_\_\_
  - What is the subsidy amount per space? \_\_\_\_\_
  - To your knowledge, how are employees identified in question #2 commuting to work? (Please provide the number of employees)  
Carpool\_\_\_\_ Vanpool\_\_\_\_ Transit\_\_\_\_ Walk\_\_\_\_ Bike\_\_\_\_ Don’t Know\_\_\_\_
  - By implementing a Parking Cash-Out program, has your worksite reduced the number of leased parking spaces?  
Yes No Don’t know  
If yes, how many parking spaces?  
Are any of these parking spaces now being used for non-parking purposes?  
Yes No Don’t know

Note: Use additional pages if other details will help in explaining your site specific parking situation.

## **APPENDIX I**

### **Rule 2202 Support Resources**

## **APPENDIX I – Rule 2202 Support Resources**

All documents are available for download by accessing our website at <http://www.aqmd.gov/2202>.

If internet access is unavailable, you may request the information to be emailed 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 (ETC) 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 – Annual Program Compliance  
Forms    Single Site \_\_\_\_\_                      Multi-Site \_\_\_\_\_

\_\_\_\_\_ Rule 2202 – Implementation Guidelines

\_\_\_\_\_ Rule 2202 – Employee Commute Reduction Program Guidelines

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

\_\_\_\_\_ Information on California’s Parking Cash-Out Program

**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 Programs Fax: (909) 396-3306

**INTERNET:**

SCAQMD's Transportation Programs Website:

[www.aqmd.gov/2202](http://www.aqmd.gov/2202)

SCAQMD's Technology Advancement Programs Lead Staff Website:

[www.aqmd.gov/contact/tao-contacts](http://www.aqmd.gov/contact/tao-contacts)

SCAQMD's Publications and Videos Website:

[www.aqmd.gov/home/library/public-information](http://www.aqmd.gov/home/library/public-information)