



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: Mr./Mrs./ Ms. _____

(Circle one) Name Title

Mailing Address: _____

(If different from site address)

Phone Number: () E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: Mr./Mrs./ Ms. _____

(Circle one) Name Title

Mailing Address: _____

(If different from site address)

Phone Number: () E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Has this person completed the Rule 2202 ETC Training?

Yes _____ (If Yes, please attach copy of certificate, unless previously submitted)

No _____ (If No, please provide date you are scheduled to attend) _____

Highest Ranking Official at this Site: Mr./Mrs./ Ms. _____

(Circle one) Name Title

Mailing Address: _____

(If different from site address)

Phone Number: () E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

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

_____ Date: _____



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Section I (continued)

Worksite Employment:

- Total number of employees reporting to this worksite: _____
- Total number of employees reporting to this worksite within the designated peak window: _____
- If you excluded Police/Sheriff/Federal Field Agents from the peak window employees, please indicate the total number of agents excluded: _____ (Partially reporting these employees is not acceptable)
- Total number of fleet vehicles located at this worksite: _____ (Note: This information is only required from those employers filing an Employee Commute Reduction Program and have not met the corresponding Performance Zone Target AVR)

Check One Box Only

Select Type of Program:

- Air Quality Investment Program** (Complete Sections I, II) pages 1-3.
- Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-9 and corresponding Appendices, if applicable.
- Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25 and corresponding Appendices, if applicable.
- Employee Commute Reduction Program Offset** (Complete Sections I, IV-1, and IV-3) pages 1-2, 5-9, and 26, and corresponding Appendices, if applicable.
- Employee Commute Reduction Program High AVR No Fault Inspection** (Complete Sections I, IV) pages 1-2 and 5-9, and corresponding Appendices, if applicable. Include your Compliance Pass Letter.
Note: This type of program cannot be used when filing a first year program.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

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

Please provide the site I.D. number and specify "Rule 2202" on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1st. Please call our Transportation Fee Line at (909) 396-FEES for latest information, or visit our Web Site at www.aqmd.gov to download Rule 308 or Rule 311.

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



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Section IV – Employee Commute Reduction Program (ECRP) Option

Section IV-1. AVR Verification Process

A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument. See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

District Approved AVR Survey (If selected, complete Section B. The 7-day survey form is available on our Website at www.aqmd.gov/trans.)

Other (Alternative methods; e.g., Random Sample, or Record-Keeping; requires prior AQMD approval and an additional certification fee for alternative methods. See Rule 308: (c) (2) (G))

Certification Number: _____ Date: _____

B. District Approved AVR Survey

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



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Section IV-1 (cont.) - D. Weekly Employee Survey Summary Form (Peak)

See Instructions on Page 9.

Summarize the commute modes of employees who began to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: _____ Hours: _____ through _____
 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
NSR. No Survey Response (60-89%)						
NSE. Surveys with Errors						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Zero Emission Vehicle (no Hybrids)						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

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

TOTALS (Each day should match)						
---------------------------------------	--	--	--	--	--	--



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Section IV-1 (cont.)

E. Weekly Employee/Vehicle Calculation (Peak)

Weekly Employee Trips

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Zero Emission Vehicle (no Hybrids)	
V. Telecommute	
W. Noncommuting	

Weekly Vehicles Trips

Mode	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Zero Emission Vehicle (no Hybrids)	0
V. Telecommute	0
W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)	
--	--

TV. Total Vehicles (NSR through P)	
---	--

Other Days Off

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc	
*DD. NSR (90% or higher)	
**OO. Off-Peak Trips (Mixed Schedule)	
EE. Total (ET+AA+BB+CC+DD+OO)	
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 IV-1-G - ETC Instructions, on page 9.

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



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Section IV-1 (cont.)

F. AVR Planning Form

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

Off-Peak Credits (Complete Appendix C)

Reduced Staffing (Complete Appendix D)

Non-Regulated Sites (Complete Appendix E)

Multiple Adjustment Worksheet (Complete Appendix F)



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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:

- ❖ One stack for all those employees who reported for work only in the 6:00 - 10:00 a.m. window (peak).
- ❖ The second stack is for those who worked at anytime both in the peak window and outside of the window that week (mixed schedule); and
- ❖ The last stack of surveys would be everyone who works 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 worked in the peak. The mixed schedule must be the same five days as the peak.
 - ❖ For the days they worked in the peak, tabulate their mode as usual.
 - ❖ For the days worked in the off-peak, tabulate those totals on line "OO" Off-Peak. This way you are tabulating five answers for each person.
 - ❖ Total each row going across for the Total of the week.
 - ❖ Total each column going down per day for the Daily Total.
 - ❖ The Daily Total should match the total number of employees in the window which was reported on page 5. These totals will be used for your peak AVR calculation on page 7.
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.
 - ❖ If the response rate is 60-89%, put the totals in line NSR.
 - ❖ If the response rate was 90% or higher, put the totals in line DD.
4. Now for the third stack of surveys in the off-peak. Go through the same process for all of those employees who worked 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 42.
 - ❖ Count the mode that the employee chose while working the days in the off-peak. Then for the days they worked outside of the off-peak (or in the window) tabulate those responses on line "OO" Peak.
 - ❖ It's important to realize that you are tabulating five answers for each person.
 - ❖ 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.

Instructions for Completing the Weekly Employee/Vehicle Calculation Form (Peak) on Pages 7-8:

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.
6. 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.
7. Add line NSR thru Z from Column 1 and enter total in line "ET". This number represents the total weekly employee trips. Add lines NSR thru W in Column II and enter total in line "TV". This number represents the total weekly vehicle trips.
8. Add ET + AA + BB + CC + DD + OO (if applicable) and enter result in line "EE", Column 1.
9. 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 5.
10. Be sure that line EE equals line GG.

Instructions for Completing the AVR Planning Form on Page 8:

11. 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.
12. Divide line 1 by line 2 to calculate your AVR. Enter the results on line 3.
13. Transfer the totals from Off-Peak Weekly Summary Form on Page 42 and tabulate the results on the Weekly Vehicle Calculation Off-Peak on page 43. Then take the data from both the Peak Weekly Vehicle Calculation page 7 and the Off-Peak Weekly Vehicle Calculation page 43 and tabulate the adjusted AVR credit on Appendix C Page 44 and any other applicable appendices.

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



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Section IV-2: Good Faith Effort Determination Elements

MARKETING STRATEGIES

Employers who have not attained the target AVR 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:**

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

Attendance at a Marketing Class, at least Annually (must submit proof of attendance)

Direct Communication by CEO, at least Annually (written)

Employer Newsletter Distributed at least Quarterly, or Rideshare Website with Notices to Employees, at least Quarterly

Employer Rideshare Events, at least Annually

Flyer/Announcements/Memo/Letter to Employees, at least Quarterly

New Hire Orientation, as needed

Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks

Rideshare Meetings/ Focus Group(s), at least Semi-Annually

Other Marketing Strategies (please specify below):



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2. SUMMARY OF STRATEGIES AND ADDITIONAL REQUIREMENTS

Employers who have not attained the target AVR 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

- | | |
|--|---|
| <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 |

DIRECT STRATEGIES

- | | |
|---|---|
| <input type="checkbox"/> Auto Services | <input type="checkbox"/> Parking Charge/Subsidy |
| <input type="checkbox"/> Bicycle Program | <input type="checkbox"/> Points Program |
| <input type="checkbox"/> Carpool Program | <input type="checkbox"/> Prize Drawings |
| <input type="checkbox"/> Compressed Work Week | <input type="checkbox"/> Start-up Incentives |
| <input type="checkbox"/> Direct Financial Awards | <input type="checkbox"/> Telecommuting |
| <input type="checkbox"/> Discounted or Free Meals | <input type="checkbox"/> Time Off with Pay |
| <input type="checkbox"/> Employee Clean Vehicle Purchases | <input type="checkbox"/> Transit Subsidy |
| <input type="checkbox"/> Gift Certificates | <input type="checkbox"/> Vanpool Program |
| <input type="checkbox"/> Off Peak Rideshare Program | <input type="checkbox"/> Other |

ADDITIONAL REQUIREMENTS

- Employer Clean Fleet Vehicle Purchase/Lease Program** – Check this box and complete Appendix G, if applicable, or write N/A in this box (Please note that Government fleets that are subject to Rule 1191 but have 4-14 vehicles must also comply with this provision. (See ECRP Guidelines for applicability requirements).
- Mobile Source Diesel PM/NOx Emission Minimization Plan** – Check this box and complete Appendix H, if applicable, or write N/A in this box (see ECRP Guidelines for applicability requirements).



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2a. BASIC/SUPPORT STRATEGIES

Complete the information for the corresponding basic/support strategies that were previously chosen on page 11. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency Codes whenever applicable for the strategies being implemented. The Frequency Code is defined as how often the employer is awarding the benefit or strategy.

*** Frequency Codes Table:**

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

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 transit or vanpooling. This amount of an employee's salary is not subject to income tax.

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 section unless flex time is linked to your rideshare program.)

<input type="checkbox"/> Grace Period	<input type="checkbox"/> Shift Flexibility	<input type="checkbox"/> 15 Minutes
<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> 45 Minutes	<input type="checkbox"/> 60 Minutes
<input type="checkbox"/> Other (in minutes)	<input type="text"/>	

Does a written policy exist? Yes No

Guaranteed Return Trip - 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 (specify)



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Guaranteed Return Trip will be provided by utilizing one or more of the following transportation modes or options:

<input type="checkbox"/> Employer Vehicle	<input type="checkbox"/> TMA/TMO Provided
<input type="checkbox"/> Supervisor or Fellow Employee	<input type="checkbox"/> Rental car
<input type="checkbox"/> Taxi	<input type="checkbox"/> Other (specify) <input type="text"/>

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

Check all that apply:

<input type="checkbox"/>	Organize Focus Group(s) or Task Force(s)
<input type="checkbox"/>	Coordinate the Formation of Carpools/Vanpools
<input type="checkbox"/>	Assist in Identifying Park & Ride Lots
<input type="checkbox"/>	Assist in Identifying Bicycle and Pedestrian Routes
<input type="checkbox"/>	Assist in Providing Personalized Transit Routes and Schedule Information
<input type="checkbox"/>	Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

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.

<input type="text"/>	Number of Preferential Parking Spaces
<input type="text"/>	Minimum Number of Persons (per vehicle) Required to be Eligible
<input type="text"/>	Minimum Number of Days or % of Ridesharing Required to be Eligible
<input type="text"/>	Method of Vehicle Identification (i.e. tags, stickers, license plate No.)



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

Check all that apply:

Employer Based System TMA/TMO System

Regional Commute Management Agency Zip Code Lists/Maps

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

Frequency Code*

<input type="checkbox"/> During New Hire Orientation	<input type="text"/>
<input type="checkbox"/> As Part of an Employer Wide Survey	<input type="text"/>
<input type="checkbox"/> On Demand	<input type="text"/>

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:



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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, 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.



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2b. DIRECT STRATEGIES

Complete the information for the corresponding direct strategies that were previously chosen on page 11. 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 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 type="text"/>

*****Minimum Requirement**

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

Auto Services - The employer provides auto services for employees participating in the employee commute reduction program. Each employee will receive the following:
(check each element that applies).

	Services	Average Value	Frequency Code*	Eligibility Code**	Minimum Requirement***
	Fuel				
	Oil				
	Tune-Up				
	Repair Certificate				
	Car Wash				
	Other (specify below)				
<input type="text"/>					

Bicycle Program - The employer provides eligible employees who commute by bicycle with biking equipment, special meetings, or other bike related services.

Check each element that applies		Frequency Code*	Eligibility Code**	Minimum Requirement***
	Bicycle Matching/Meetings			
	Shoes/Clothing/Helmets/Locks/etc.			
	Bicycle Repairs/Kits			
	Discounts at Local Bike Shops			
	Other (specify below)			
<input type="text"/>				



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Carpool Program - The employer provides eligible employees with a carpool program designed to encourage the use of existing carpools or the development of new carpools.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle				
3 person vehicle				
4 person vehicle				
5 person vehicle				
6 person vehicle				

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

The Compressed Work Week schedule is offered to:

All employees Eligible employees/Depts.

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

	Current No. Emp.	Projected No. Emp.
<input type="checkbox"/> 3/36 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4/40 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9/80 Compressed Work Week	<input type="text"/>	<input type="text"/>



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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***



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Employee Clean Vehicle Purchase Program - The employer provides eligible employees incentives to purchase ULEV passenger cars or better, ULEV light-duty trucks or better, or SULEV medium-duty trucks or better.

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 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***

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) |



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Off-Peak Rideshare Program (cont.)

Off-Peak Direct Strategies

<input type="checkbox"/> Auto Services	<input type="checkbox"/> Parking Charge/Subsidy
<input type="checkbox"/> Bicycle Program	<input type="checkbox"/> Points Program
<input type="checkbox"/> Carpool Program	<input type="checkbox"/> Prize Drawings
<input type="checkbox"/> Compressed Work Week	<input type="checkbox"/> Start-up Incentives
<input type="checkbox"/> Direct Financial Awards	<input type="checkbox"/> Telecommuting
<input type="checkbox"/> Discounted or Free Meals	<input type="checkbox"/> Time Off with Pay
<input type="checkbox"/> Employee Clean Vehicle Purchases	<input type="checkbox"/> Transit Subsidy
<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Vanpool Program
<input type="checkbox"/> Off Peak Rideshare Program	<input type="checkbox"/> Other (Specify) _____

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.

Monthly Rate

Employee Parking Charge Per Space: \$

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

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.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

IF YOU ARE IMPLEMENTING PARKING CASH OUT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Parking Cash Out Program was implemented? _____

How many parking spaces fall under the parking Cash Out State requirement? _____

How many employees will receive subsidies instead of the parking space? _____ \$Amount per space: _____

Is there street parking or alternative parking close to your facility?

Yes	No	How Far? (miles)
-----	----	------------------

How is the program monitored?

On-Site Security	Card Reader	Honor System	Other

Please add pages if other details will help in explaining your site specific parking situation.

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 Code*	Eligibility Code**	Minimum Requirement***
\$				

Prize Drawings - The employer provides eligible employees with a chance to win prizes for participation in the employee commute reduction program.

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



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

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: _____

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

Does a written policy exist? Yes No

Telecommuting is offered to: All Employees Eligible employees/Depts.

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 program participants:

	Current No. Empl.	Projected No. Empl.
Work at Home	<input type="text"/>	<input type="text"/>
Work at Telecommuting Center	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>



RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

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 Off Earned	Units: 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:
<input type="text"/>	<input type="text"/>	M = Minutes H = Hours D = Days

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

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

If Yes, please explain:



RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

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: \$

If empty seats are subsidized, how much? \$ per seat

How long?

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:

Section IV - 3 Employee Commute Reduction Program Offset Option			
1. Enter the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item E, Line ET, by 5.			
2. Enter 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-1, item E, Line TV, by 5.			
3. Subtract Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.			
Emission Reduction Target (ERT) Calculation	VOC	NOx	CO
4. Enter the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). Check one: Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/>			
5. Multiply Line 1 times Line 4 and enter the results.			
6. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
7. Multiply Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
8. Subtract Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	VOC	NOx	CO
9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). To determine non-peak CCVR, repeat steps 1-3 above for off-peak survey results. Divide the CCVR by 1.15. Enter adjusted CCVR here _____. Multiply adjusted CCVR by line 6 and enter results.			
11. Enter the sum of Lines 9 and Line 10.			
12. Subtract Line 11 from Line 8 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). STOP here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.			
Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT	VOC	NOx	CO
13. Air Quality Investment Program Option to Offset the ERT: Divide Line 12 by the corresponding Equivalent Emission Factor in Line 4. Use round numbers only. Enter results here.			
14. Multiply the highest number on Line 13 by \$60. This is the equivalent AQIP Fee to Offset your Net ERT. STOP here, you are in compliance.	\$ _____		