



South Coast Air Quality Management District

Form 2007-1

Regional Clean Air Incentives Market Trading Account Representative Registration and Certification Form

This form is used to identify the authorized representative(s) for an RTC holder and/or certify the account status for an RTC trader.

E-Mail To: reclaim_q&a@aqmd.gov
OR
SCAQMD, RECLAIM Administration - RTC Transfers
P.O. Box 4830
Diamond Bar, CA 91765-0830
Tel: (909) 396-3119, www.aqmd.gov

PLEASE NOTE:

All E-Mail fields on this form are required. A digital copy of Form 2007-1 may be generated via optical image scan or photograph of the document with wet signature. Digital signatures, including the use of the Adobe Acrobat "Fill & Sign" tool (or equivalent) will NOT be accepted. All submittals must be clearly legible.

Section I - Account Information

Account Name, Account I.D. #, Account Street Address, Mailing Address for Transaction Confirmations, Street #1, Street #2, City, State, Zip, Country (if not in the United States)

Section II - Designation of Representatives

Name, Title, E-Mail (REQUIRED), Phone #, Ext., Fax #, Signature, Date (repeated for three representatives)

Section III - Certification Status

I certify that the above named entity is (check boxes below that apply):

Yes No

- a) Domiciled in the State of California
b) A holder of an active RECLAIM Facility Permit
c) A holder of a pending RECLAIM Facility Permit application

If any box is checked "Yes," proceed to Section IV and complete. If all boxes are checked "No," complete Section IV and Attachment A - Designation of Agent for Service of Process and Consent to California Jurisdiction Form.

1 Domiciled in the State of California for the purposes of this form shall be deemed: a) for natural individuals - having permanent and primary residence located in the State of California; (b) for a corporation, firm, association, organization, partnership, business trust or other business entity - incorporated or created pursuant to the laws of the State of California and in good standing according to the Secretary of the State of California; or (c) for any State or local governmental agency, any subdivisions thereof, or any public district - created and existing pursuant to California State or local governmental laws and regulations.

Section IV - Certification of Owner or Officer

I certify that I am an owner or officer of the account identified and authorize the above parties to act as the company's representatives in the registration of any transactions for RTCs for the Facility identified herein. I am authorized to make this submission on behalf of the persons with an ownership interest for whom this submission is made. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on, Date, at, City, State, Country, E-Mail (REQUIRED), Name, Title, Phone #, Signature

This form and SCAQMD's use shall not constitute any acceptance of liability on behalf of SCAQMD for any RTC transaction which may be the result of misrepresentation or error by trading partners or their representatives. This form and SCAQMD's use of it shall not be construed, in any way, to create a fiduciary relationship between it and either the seller or buyer of RTCs or with any other party associated with such transactions.