

BOARD MEETING DATE: November 3, 2017

AGENDA NO. 4

**PROPOSAL:** Recognize Revenue, Issue Program Announcement for Heavy-Duty Diesel Truck Replacement Projects, Execute Agreement and Reimburse General Fund for Administrative Costs

**SYNOPSIS:** In August 2017, U.S. EPA notified SCAQMD that an award had been approved under a Fiscal Year 2017 Diesel Emissions Reduction Act (DERA) solicitation in the amount of \$1,050,000 for the replacement of heavy-duty diesel trucks with CNG trucks as well as the transfer of the replaced diesel trucks to Washington State to replace older dirtier diesel trucks, which would then be scrapped. These actions are to recognize revenue up to \$1,050,000 from the U.S. EPA DERA award into the Advanced Technology, Outreach and Education Fund (17), issue a Program Announcement to solicit proposals for on-road heavy-duty diesel drayage truck replacement projects at a cost not to exceed \$1,000,000, and execute an agreement with the Puget Sound Clean Air Agency to implement the replacement projects in Washington State at a total cost not to exceed \$25,000 from the Advanced Technology, Outreach and Education Fund (17). This action is to also reimburse the General Fund for administrative costs up to \$25,000 from the Advanced Technology, Outreach and Education Fund (17).

**COMMITTEE:** Technology, October 20, 2017; Recommended for Approval

**RECOMMENDED ACTIONS:**

1. Recognize revenue, upon receipt, up to \$1,050,000 in Fiscal Year (FY) 2017 DERA funds from U.S. EPA into the Advanced Technology, Outreach and Education Fund (17) for on-road heavy-duty diesel drayage truck replacement projects;
2. Issue Program Announcement #PA2018-04 to solicit proposals for on-road heavy-duty diesel drayage truck replacement projects at a cost not to exceed \$1,000,000;
3. Authorize the Executive Officer to execute an agreement with the Puget Sound Clean Air Agency to implement the on-road heavy-duty diesel drayage truck replacement projects in Washington State at a total cost not to exceed \$25,000 from the Advanced Technology, Outreach and Education Program Fund (17); and

4. Reimburse the General Fund up to \$25,000 from the Advanced Technology, Outreach and Education Fund (17) for administrative costs necessary to implement the U.S. EPA DERA grant.

Wayne Natri  
Executive Officer

MMM:FM:NB:AAO

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### **Background**

The SCAQMD's goal to accelerate mass introduction of near-zero emission vehicle technologies into the South Coast Air Basin (Basin) and Puget Sound Clean Air Agency's (PSCAA) goal to reduce health risks associated with diesel PM emissions necessitate creation of a working group to discuss strategies to achieve these goals. The working group consists of staff from the SCAQMD, PSCAA, Oregon Department of Environmental Quality, CARB, U.S. EPA, Clean Cities Coalition and other stakeholders. Between April and June of 2017, the group held one meeting in Portland as well as two conference calls and agreed to implement a heavy-duty diesel drayage truck (HDDT) replacement program. The Program would include replacement of 2012 or newer HDDTs in the Basin with new near-zero NOx emission CNG heavy-duty trucks and then transfer of the replaced 2012 or newer HDDTs to Washington State to displace MY 1995-2006 HDDTs, which will then be scrapped.

On June 20, 2017, staff applied for funding under the FY 2017 U.S. EPA Diesel Emissions Reduction Act (DERA) Program for an on-road short-haul HDDT replacement projects. In August 2017, the U.S. EPA informed SCAQMD that its proposal was approved for an award of \$1,050,000 under the FY 2017 DERA Program.

### **Proposal**

This project is a two-step HDDT replacement project involving two public agencies, the SCAQMD and PSCAA, and fleets in the agencies' respective geographic boundaries. The first step involves replacement of 2012 or newer HDDTs operating in the Basin with 2017 or newer near-zero NOx emission CNG trucks. In the final step, the replaced 2012 or newer HDDTs will be transferred and sold to fleets in Washington State to replace 1995–2006 HDDTs, which will then be scrapped. The Basin and Washington fleets will execute an agreement with each other delineating, at a minimum, terms of bill of sale and purchase price, transfer of ownership, truck conditions, maintenance records and insurance as well as a signed statement that the replaced 2012 HDDTs will never re-enter the SCAQMD's jurisdiction. The Basin fleets are expected to be large fleets that have participated in incentive programs, and the Washington fleets are expected to be small captive fleets that normally purchase used trucks.

A Program Announcement #PA2018-04 will be released to solicit proposals for the replacement projects. As part of a condition of sale and as an incentive for Washington fleets' participation, the purchase price of each replaced 2012 or newer HDDT cannot exceed \$30,000. SCAQMD will reimburse Basin fleets a total of \$100,000 per each near-zero NOx emission CNG truck as each new near-zero emission CNG truck is purchased and placed in service as well as a confirmation by PSCAA that the replaced 2012 or newer HDDT has been received by Washington fleet and each replaced 1995–2006 HDDT with its engine has been destroyed or rendered useless. Additionally, Washington fleets will pay Basin fleets up to \$30,000 for the sale of the 2012 or newer HDDT.

These actions are to: 1) recognize \$1,050,000 in FY 2017 DERA funds from the U.S. EPA for HDDT replacement projects; 2) issue the attached Program Announcement #PA2018-04 to solicit proposals for on-road heavy-duty diesel drayage truck replacement projects at a cost not to exceed \$1,000,000; 3) authorize the Executive Officer to execute an agreement with the PSCAA to implement the on-road heavy-duty diesel drayage truck replacement projects in Washington State at a total cost not to exceed \$25,000; and 4) reimburse the General Fund up to \$25,000 for administrative costs necessary to implement the U.S. EPA DERA grant.

#### **Sole Source Justification for Agreement with PSCAA**

Section VIII. B. 3 of the Procurement Policy and Procedure identifies four major provisions under which, for contracts funded in whole or in part with federal funds, a sole source award may be justified. This request for sole source award is made under provision B.3.c., which states the awarding federal agency authorizes noncompetitive proposals.

#### **Outreach for Program Announcement #PA2018-04**

In accordance with SCAQMD's Procurement Policy and Procedure, a public notice advertising the PA and inviting bids will be published in the Los Angeles Times, the Orange County Register, the San Bernardino Sun, and Riverside County's Press Enterprises newspapers to leverage the most cost-effective method of outreach to the South Coast Basin.

Additionally, potential bidders may be notified utilizing SCAQMD's own electronic listing of certified minority vendors. Notice of the PA will be emailed to the Black and Latino Legislative Caucuses and various minority chambers of commerce and business associations, and placed on the Internet at SCAQMD's website (<http://www.aqmd.gov>) where it can be viewed by making the selection "Grants & Bids".

**Benefits to SCAQMD**

Successful implementation of the HDDT replacement project will provide reductions of NO<sub>x</sub>, PM and GHG emissions. The HDDTs funded under this program are expected to operate for many years providing long-term emission reduction benefits.

The proposed project is included in the *Technology Advancement Office Clean Fuels Program 2017 Plan Update* under the category “Fueling Infrastructure and Deployment (NG/RNG)”.

**Resource Impacts**

The U.S. EPA FY 2017 DERA award of \$1,050,000 (comprised of \$1,000,000 for projects and \$50,000 for administrative costs) will be placed into Advanced Technology, Outreach and Education Fund (17) for on-road heavy-duty diesel truck replacement projects. The \$50,000 will be shared equally between SCAQMD and PSCAA to implement the U.S. EPA FY 2017 DERA grant in their respective jurisdictions.

**Attachment**

Program Announcement #PA2018-04 - Interstate Heavy Duty Diesel Drayage Truck Replacement Project

**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT**  
**HEAVY-DUTY DIESEL DRAYAGE TRUCK REPLACEMENT PROJECTS**  
**SCAQMD PROGRAM ANNOUNCEMENT**  
**PA2018-04**

The South Coast Air Quality Management District (SCAQMD) requests proposals for the following purpose according to terms and conditions attached. In this Program Announcement (PA) the words "Proposer," "Contractor," "Applicant," "Consultant," and "Proponent", are used interchangeably.

**SECTION I OVERVIEW**

**PURPOSE**

The SCAQMD is seeking proposals for on-road short-haul heavy-duty diesel drayage truck (HDDT) replacement projects. The purpose of this PA is to assist fleets in the:

1. South Coast Air Basin (Basin) replace their older Class 8 on-road short-haul drayage HDDTs with newer near-zero emission trucks; and, ultimately
2. Central Puget Sound Region (CPSR) in Washington State replace their older Class 8 on-road short-haul drayage HDDTs with newer Class 8 2010-compliant HDDTs.

**INTRODUCTION/BACKGROUND**

On-road HDDTs are a major contributor to air pollution problems in both the Basin and the CPSR. Despite the last two decades of aggressive efforts to reduce air pollution, the Basin continues to have the worst air quality in the U.S. based on the number of days the National Ambient Air Quality Standards for ozone are exceeded. Consequently, SCAQMD needs a mass introduction of near-zero and zero-emission truck technologies into the Basin to achieve significant progress toward the Basin's air quality goals. Puget Sound Clean Air Agency (PSCAA) also needs to continue to aggressively reduce diesel particulate emissions from HDDTs operating in its region.

SCAQMD and PSCAA have placed significant importance on accelerating truck turnover by providing incentives and encouraging fleets to replace their older and dirtier HDDTs with newer and cleaner trucks. This PA targets captive fleets of single-unit and combination on-road short-haul drayage HDDTs in Basin and CPSR that are typically used to load, unload, move or transport cargo, such as containerized bulk or break-bulk goods within the ports and intermodal distribution facilities. The Basin fleets are expected to be large fleets that have participated in incentive programs, and CPSR fleets are expected to be small captive fleets that normally purchase used trucks.

This project is a two-step HDDT replacement project involving two public agencies, the SCAQMD and PSCAA, and fleets in the agencies' respective geographic boundaries. The first step involves replacement of 2012 or newer HDDTs operating in the Basin with 2017 or newer near-zero NOx emission CNG trucks. In the final step, the replaced 2012 or newer HDDTs will be transferred and sold to CPSR fleets to replace 1995–2006 HDDTs, which will then be scrapped. The Basin and Washington fleets will execute an agreement with each other delineating, at a minimum, terms of bill of sale and purchase price, transfer of ownership, truck conditions, maintenance records and insurance as well as a signed

statement that the replaced 2012 HDDTs will never re-enter the SCAQMD's jurisdiction. The Basin fleets are expected to be large fleets that have participated in incentive programs, and the CPSR fleets are expected to be small captive fleets that normally purchase used trucks.

As part of a condition of sale and as an incentive for CPSR fleets' participation, the purchase price of each replaced 2012 or newer HDDT cannot exceed \$30,000. SCAQMD will reimburse Basin fleets a total of \$100,000 per each near-zero NOx emission CNG truck as each new near-zero emission CNG truck is purchased and placed in service as well as a confirmation by PSCAA that the replaced 2012 or newer HDDT has been received by Washington fleet and each replaced 1995 – 2006 HDDT with its engine has been destroyed or rendered useless. Additionally, Washington fleets will pay Basin fleets up to \$30,000 for the sale of the 2012 or newer HDDT.

## **FUNDING/AWARDS**

The total estimated funding for this PA is \$1,000,000 for on-road short-haul drayage HDDT replacement projects. Cofunding is expected from prospective applicants. Awards will be made on a competitive basis, and SCAQMD anticipates awarding \$100,000 for each near-zero emission replacement truck. Additionally, prospective applicants in the Basin will be required to transfer and sell the replaced truck(s) to participating CPSR fleets for no more than \$30,000. SCAQMD retains discretion to make full awards, partial awards, or no awards at all under this PA. Prospective applicants will be expected to enter into a "Fixed Price" contract with SCAQMD for specific tasks. Payments will be based upon task deliverables.

## **DEFINITIONS**

1. 2010-compliant HDDTs  
HDDTs powered by diesel engines certified by the U.S. EPA and CARB to meet 2010 emissions standards.
2. Class 8  
Any HDDT of Gross Vehicle Weight Rating (GVWR) greater than 33,000 pounds (lb).
3. Drayage HDDT  
Any single-unit or combination Class 8 on-road short-haul heavy-duty diesel truck operating on or through port or intermodal rail yard property for the purpose of loading, unloading or transporting cargo, such as containerized, bulk or break-bulk goods.
4. Near-zero emission trucks  
Class 8 heavy-duty trucks powered by compressed natural gas engines certified to meet the California Air Resources Board's (CARB) Optional Low-NOx emission standard of 0.02 gram per brake horsepower-hour (g/bhp-hr).

## **ELIGIBLE PROJECTS**

Eligible projects are HDDT replacement projects, which:

1. Replace Model Year (MY) 2012 or newer Class 8 on-road short-haul drayage 2010-compliant HDDTs in Basin with MY 2017 or newer Class 8 on-road short-haul heavy-duty drayage near-zero emission trucks; and
2. Transfer and sell the replaced MY 2012 or newer Class 8 on-road short-haul drayage 2010-compliant HDDTs to CPSR fleets to replace MY 1995 – 2006 Class 8 on-road short-haul drayage HDDTs.

## **ELIGIBLE ENTITY**

Eligible entity is a fleet, company, firm, or corporation under the same ownership, wholly or partially, proposing eligible projects as defined in this PA.

## **FUNDING RESTRICTIONS**

- No funds awarded under this PA shall be used for matching funds for other federal grants, lobbying, or intervention in federal regulatory or adjudicatory proceedings, and cannot be used to sue the Federal Government or any other government entity.
- No funds awarded under this PA shall be used for the purchase of trucks to expand a fleet.

## **IMPORTANT PROGRAM INFORMATION**

- Up to \$130,000 for each near-zero emission replacement truck, of which \$100,000 from SCAQMD and up to \$30,000 from the sale of a MY 2012 or newer Class 8 on-road short-haul drayage 2010-compliant HDDT to a participating CPSR fleet.
- To encourage CPSR fleets' participation in the replacement program, the sale price of a replaced MY 2012 or newer Class 8 on-road short-haul drayage 2010-compliant HDDT shall not exceed \$30,000.
- All eligible projects will be evaluated and competitively ranked based on the following criteria:
  - The specification of the replaced MY 2012 or newer Class 8 on-road short-haul drayage 2010-compliant HDDTs, including, but not be limited to: engine model year, vehicle miles traveled per year (VMT), fuel usage and the requested funding amount; and
  - Cost effectiveness.
- Applicants applying for grant funding must be the legal owner of the old HDDT at the time the eligible project application is submitted to the SCAQMD.
- Applicants must provide a price quote for each near-zero emission replacement truck.
- Applicants must provide a copy of the CARB Executive Order before the issuance of a purchase order as a documentation that each:
  - MY 2017 or newer Class 8 on-road short-haul heavy-duty drayage replacement truck is a near-zero emission truck as defined in this PA.
  - MY 2012 or newer Class 8 on-road short-haul drayage HDDT is a 2010-compliant truck as defined in this PA.
- Applicants must provide the old HDDT VIN as part of the application.
- Unsigned applications will be deemed ineligible and will NOT be considered for funding.
- No third party contracts will be executed.
- Any tax obligation associated with the award is the responsibility of the grantee. Individuals or companies receiving grant funding will be issued a 1099-G form by SCAQMD for the full award amount.
- A pre-inspection of each MY 2012 or newer Class 8 on-road short-haul drayage HDDT and post-inspection of each near-zero emission replacement truck will be required to verify eligibility of the vehicle prior to disbursement of any incentive funding under this program. The near-zero emission replacement truck shall not be ordered or purchased until:
  - Each MY 2012 or newer Class 8 on-road short-haul drayage HDDT passes a pre-inspection by SCAQMD or its designee and the contract is fully executed;

- There is a fully-executed agreement between Basin and CPSR fleets, delineating, at a minimum, terms of bill of sale and purchase price, transfer of ownerships, truck conditions, maintenance records, and insurance as well as a signed statement that the replaced MY 2012 HDDT will never reenter the Basin.
- **Destruction of each MY 1995 – 2006 Class 8 on-road short-haul drayage HDDT being replaced is required.**
- There are two payment options that will be available: 1) direct payment to the vendor and 2) reimbursement to contractor with proof of payment by contractor. Payment of grant funds shall only be made upon receipt of sufficient invoice that includes:
  - Satisfactory completion of a post-inspection of the near-zero emission replacement truck;
  - Actual replacement cost of each near-zero emission replacement;
  - Confirmation from PSCAA that the replaced MY 2012 or newer Class 8 on-road short-haul drayage HDDT has been received by CPSR fleet and the replaced MY 1995 – 2006 Class 8 on-road short-haul drayage HDDT and its engine have been destroyed or rendered useless; and
  - Total selling price of the MY 2012 or newer Class 8 on-road short-haul drayage HDDT with documentation is no more than \$30,000.
- Compliance with existing air quality regulations is a prerequisite for Program funding. Applicants are responsible for ensuring that they are in full compliance with all applicable regulations
- Non-performance with any provision of the SCAQMD contract may result in the recovery of all or a portion of the grant funds or penalties to the equipment owner.

**SCHEDULE OF EVENTS**

Release of PA2018-04	November 3, 2017
All Applications Due by 5:00 pm	February 28, 2018
Anticipated Board Consideration of Award	April 6, 2018

<b>ALL APPLICATIONS MUST BE RECEIVED AT THE SCAQMD HEADQUARTERS BY NO LATER THAN 5:00 P.M. ON WEDNESDAY, FEBRUARY 28, 2018</b>
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**SCAQMD may issue subsequent solicitations if insufficient applications are received in this solicitation.**

**STATEMENT OF COMPLIANCE**

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all SCAQMD contracts.

## **CONTACT FOR ADDITIONAL INFORMATION**

Questions regarding the content or intent of this PA, procedural matters, or sample contract can be found at the website ([www.aqmd.gov/rfp](http://www.aqmd.gov/rfp)), or can be addressed to:

Adewale Oshinuga  
Science and Technology Advancement  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765  
Phone: (909) 396-2599 Fax: (909) 396-3324

## **SECTION II: PROPOSAL SUBMITTAL REQUIREMENTS**

Submitted proposals must follow the format outlined below and all requested information must be supplied. Failure to submit proposals in the required format will result in elimination from proposal evaluation. It is the responsibility of the applicant to ensure that all information submitted is accurate and complete. Each proposal must include the following:

### **1. Fully Completed Application Forms**

Application forms are contained in Attachment A of this PA. These forms must be completed and submitted with other required documents (i.e., Certifications and Representations and vendor quotations) discussed in the application and below.

### **2. Certifications and Representations**

Contained in Attachment B of this PA are five forms which must also be completed and submitted with the application forms in Attachment A.

### **3. Project Cost**

Applicants must provide cost information in their applications, as follows:

- The total project cost
- Program dollar requested
- Source and amount of other funding (private, local, and/or state, federal)
- Request for a direct payment to vendor (if applicable)
- Documentation of match funding availability.

**Note that any orders placed or payments made in advance of an executed contract with the SCAQMD are done at the risk of the applicant. The SCAQMD has no obligation to fund the project until a contract is fully executed by both SCAQMD and the applicant, and the applicant has satisfactorily met all the requirements of this PA.**

## **SECTION III PROPOSAL SUBMISSION**

All proposals must be submitted according to specifications set forth herein.

### **Due Date**

The applicant shall submit **four (4) complete copies of the application** in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the applicant and the words "**Program Announcement 2018-04**". All proposals/applications

shall be submitted in an eco-friendly format: stapled, not bound, black and white print; no three-ring, spiral, or plastic binders, and no card stock or colored paper. All proposals must be received no sooner than **5:00 p.m., on Wednesday, February 28, 2018**. Proposals must be directed to:

Procurement Unit  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765

**Any correction or resubmission done by the applicant will not extend the submittal due date.**

#### Grounds for Rejection

A proposal may be immediately rejected if:

1. It is not for an eligible project as defined in Section I of this PA
2. It is not prepared in the format described.
3. It is not signed by the HDDT owner (or duly authorized individual representing the firm).
4. It does not include DMV registration information, mileage supporting documents, Contractor Statement Forms and other forms required in this PA.
5. It does not include current cost quotes and fully and properly completed forms required in this PA.

#### Missing Information

SCAQMD is not required to contact the applicant to obtain missing application information. It is the responsibility of the applicant to ensure all required application information is submitted to SCAQMD by the application deadline.

#### Disposition of Proposals

The SCAQMD reserves the right to reject any or all proposals. All responses become the property of the SCAQMD. One copy of the proposal shall be retained for SCAQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

#### Modification or Withdrawal

Once submitted, proposals cannot be altered without the prior written consent of SCAQMD. All proposals shall constitute firm offers and may not be withdrawn for a period of ninety (90) days following the last day to accept proposals.

#### **SECTION IV: PROPOSAL EVALUATION SELECTION CRITERIA**

SCAQMD staff will evaluate all submitted proposals. The proposals will be evaluated on a competitive basis and will be ranked as follows:

1. On the basis of how close the specification of the replaced MY 2012 or newer Class 8 on-road short-haul drayage 2010-compliant HDDTs matched the needs of CPSR

fleets. These specifications include, but not be limited to: engine model year, vehicle miles traveled per year (VMT), odometer record, and fuel usage.

2. If there is a tie in (1), then the proposal will be further ranked on the basis of the cost effectiveness (rounded up to the nearest dollar) of each near-zero emission truck replacement project as defined in this PA.
3. Any remaining ties will be further ranked according to earliest time the proposal is received.

## **SECTION V: WORK STATEMENT/SCHEDULE OF DELIVERABLES**

All applicants that are selected for funding awards will be required to execute a contract with SCAQMD that will include, at a minimum, the following Work Statement and Schedule of Deliverables.

### **WORK STATEMENT**

As part of the contract execution, a statement of work will be provided to all grantees that include tasks and deliverables demonstrating compliance with the requirements of the Program as administered by SCAQMD. Detailed requirements will be provided in the contract to be executed but below are the minimum criteria for replacement projects:

1. Commit to register the new near-zero emission replacement truck in California and operate the truck in Basin for the duration of the contract term. Dual plates, IRP, and any other out-of-state registrations are prohibited.
2. Agree to accept an on-board electronic monitoring unit at any time during the contract term.
3. Agree to truck inspections and contract milestone deadlines for project implementation.
4. Comply with provision for payment of grant fund.
5. Agree to execute a legally binding agreement with CPSR fleet establishing, at a minimum, terms of:
  - 5.1 Bill of sale and purchase price;
  - 5.2 Transfer of ownerships;
  - 5.3 Truck conditions and maintenance; and
  - 5.4 Insurance as well as statements that the:
    - 5.4.1 Existing MY 1995 – 2006 Class 8 on-road short-haul drayage HDDT and its engine without shall be scrapped without cannibalizing any parts from the old engine; and
    - 5.4.2 Replaced and transferred MY 2012 HDDT to CPSR will never reenter the Basin.
6. Sign a legally binding contract with SCAQMD including project milestone dates and completion deadlines.
7. Retain, at minimum, all documents, invoices, and correspondence associated with the application, award, contract, monitoring, enforcement, and reporting requirements for at least two years after final payment. Records shall be readily available and accessible to SCAQMD or its designee upon request for the purposes of ongoing evaluations or auditing.
8. Properly maintain the new near-zero emission replacement truck in good operating condition and according to the manufacturer's recommendations.

9. Demonstrate proof of truck warranty and collision/comprehensive insurance on the near-zero emission replacement truck. SCAQMD shall be named as additional insured on the policy.
10. Agree to the following remedies for non-performance with the SCAQMD contract:
  - 11.1 Recovery of all or a portion of Program funds.
  - 11.2 Other fiscal penalties on prospective applicant based on the severity of the nonperformance.
  - 11.3 Cancellation of the contract.

## **DELIVERABLES**

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the SCAQMD expects to receive the following reports:

1. Quarterly status reports until the proposed eligible project has been completed and is operational. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and anticipated completion date.
2. A final report, which shall be submitted no later than 60 days after the completion of the proposed eligible project. The report shall, at a minimum, include:
  - a. Name, address, and phone number of grantee.
  - b. Annual vehicle miles travelled (including mileage/activity log for documentation)
  - c. Annual fuel usage
  - d. Project cost
  - e. Any problems encountered and how they were resolved.

## **SECTION VI – PAYMENT TERMS**

For all projects, full payment will be made upon the successful completion of all the following:

- Pre-inspection of existing MY 2012 or newer Class 8 on-road short-haul drayage HDDT.
- Post-inspection of the near-zero emission replacement truck.
- Receipt of sufficient invoice that includes:
  - An actual replacement cost of each near-zero emission replacement;
  - A confirmation from PSCAA that the replaced MY 2012 or newer Class 8 on-road short-haul drayage HDDT has been received by CPSR fleet and the replaced MY 1995 – 2006 Class 8 on-road short-haul drayage HDDT and its engine have been destroyed or rendered useless; and
  - The total selling price of the MY 2012 or newer Class 8 on-road short-haul drayage HDDT with documentation is no more than \$30,000.

# **ATTACHMENT A**

## Application Preparation Forms



**APPENDIX A – APPLICATION FOR**

**HEAVY-DUTY DIESEL DRAYAGE TRUCK REPLACEMENT PROJECTS  
SCAQMD PROGRAM ANNOUNCEMENT  
PA2018-04**

**Instructions:**

- ✓ Read the SCAQMD Program Announcement **PA2018-04** for instructions and additional important information.
- ✓ Fill in all applicable sections with ink. Please print legibly (Be sure to complete Appendix C – Application Statement and Appendix D – Certifications and Representations).
- ✓ **Return three (3) hard copies to:**

**Procurement Unit  
 South Coast Air Quality Management District  
 21865 East Copley Drive  
 Diamond Bar, CA 91765**

**DEADLINE: Received at SCAQMD by Wednesday, February 28, 2018 at 5:00PM (no exceptions)**

**SECTION 1 – GENERAL INFORMATION (PLEASES PRINT OR TYPE)**

<b>ORGANIZATION INFORMATION</b>		
1. Applicant Name, Business, or Company (as it appears on Form W-9):		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Number of Vehicles to be replaced:		
11. Have you applied for any other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name(s) of the agency:		
<b>BUSINESS INFORMATION</b>		
12. Fleet Size (Include Trucks > 14,000 lbs. GVWR <b>only</b> ):	13. Number of Employees:	
<b>PRIMARY CONTRACT INFORMATION</b>		
14. First and Last Name:	15. Contact Title:	
16. Phone Number:	17. Fax Number:	
18. Alternate Contact Number:	19. Email:	
20. Vehicle Registered Owner :		
21. Person with Equipment Signing Authority:		

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.

FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

**SECTION 2 – CURRENT HDDT ACTIVITY INFORMATION**

CURRENT VEHICLE		
1. Vehicle Number:	2. Vehicle Make:	3. Vehicle Model:
4. Vehicle Model Year:	5. Vehicle GVWR:	
6. Vehicle Identification Number (VIN):	7. License Plate Number:	
8. Vehicle Axle Configuration: <input type="checkbox"/> 2 Axle <input type="checkbox"/> 3 Axle	9. Odometer Reading:	
CURRENT VEHICLE ENGINE		
10. Engine Make:	11. Engine Model:	
12. Engine Model Year:	13. Horsepower Rating:	
14. Engine Serial Number:	15. Fuel Type:	
16. Engine Family Number (if applicable):		
17. Is the Vehicle Used Seasonally? ___ No. ___ Yes	18. Miles Traveled during the past 24 Months: _____ miles _____ % Operation in the cities of San Bernardino, Long Beach, and LA, and the Boyle Heights neighborhood of LA City	19. Fuel usage during the past 24 Months: _____ gallons
20. Vehicle Vocation(s):		
21. Does the existing HDDV have a diesel particulate filter installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the CARB verified Level of PM emission control (Level 1, 2, or 3): _____ Diesel filter installation date: _____ Any grant funds received for the installation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION:**

- Copy of DMV Registration information, including:
  - Current registration.
  - Past 2-year registration - Provide copies of DMV registration for last 24 months (California Base-plated or International Registration Plan (IRP) are acceptable.)
  - If 2-year registration records are not available, then the applicant must provide a DMV printout showing the registration history or a minimum of 8 months registration supplemented by alternative documentation (e.g., proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last 2 years.
- Copy of Title to show proof of ownership (if available)
- Vocation Letter (specifying the types of goods that you haul and where you haul these goods.)
- Provide documentation of annual miles traveled over past 2 years (e.g., maintenance or inspection records with odometer readings, shipment logs, fuel receipts with vehicle identification, etc)
- CARB Executive Order documenting the certified emissions level of the replacement truck engine, equipment, repower engine, or retrofit device (if available).
- Price quote for the replacement truck.

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.  
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

**SECTION 3 – REPLACEMENT VEHICLE INFORMATION**

<b>REPLACEMENT VEHICLE</b>		
1. Vehicle Make (if known):		2. Vehicle Model (if known):
3. Vehicle Model Year:		4. Vehicle GVWR *:
<b>REPLACEMENT VEHICLE ENGINE</b>		
5. Engine Make (if known):		6. Engine Model (if known):
7. Engine Model Year:		8. Horsepower Rating (if known):
9. Fuel Type: <input type="checkbox"/> LNG <input type="checkbox"/> CNG		
10. Engine Family Number (if known):		
<b>REPLACEMENT VEHICLE ACTIVITIES</b>		
11. Is the existing MY 2012 or newer Class 8 on-road short-haul HDDT a drayage HDDT as defined in this PA?		
12. Will the new near-zero emission replacement truck be operated in the Basin and as a drayage truck?		
<b>REPLACEMENT VEHICLE DEALER INFORMATION</b>		
1. Vehicle Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		7. Contact Title
8. Phone Number:	9. Fax Number:	10. Email:
<b>PROJECT FUNDING</b>		
1. Program Funding Requested:     \$ _____		
2. Source(s) and amount of other funding (private, local, other State, Federal)		
3. Purchasing Vehicle with a Lease to Own Program*: <input type="checkbox"/> No <input type="checkbox"/> Yes		4. Indicate if you are requesting: <input type="checkbox"/> Direct payment to vendor <input type="checkbox"/> Reimbursement
5. Total project cost including Program and non-Program dollars:		

## APPLICATION PACKET CHECKLIST

- Completed Application form.
- ARB Executive Order (EO) for the replacement engines' verified emissions (if available).
- Copy of Vehicle Title(s) (if available).
- Copy of current DMV registration.
- Copy of DMV registration for past 2 years. If 2-year registration records are not available, then the applicant must provide a DMV Printout showing the registration history or a minimum of 8 months of registration supplemented by alternative documentation (proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last 2 years.
- Dealer price quote for near-zero emission replacement truck.
- Vocation letter (provide a description of type of goods you haul and where you haul these goods).
- Documentation of annual miles traveled and fuel usage for the past two years. Examples of documentation include: maintenance or inspection records with odometer reading, shipment logs, fuel receipts with vehicle identification, etc.
- Verification of GVWR rating for vehicles by providing pictures of the engine tag or manufacturer's specification plate with truck VIN listed.



For additional assistance please contact:  
Adewale Oshinuga, Program Supervisor  
Technology Advancement Office  
South Coast Air Quality Management District  
(909) 396-2599

# ATTACHMENT B

## CERTIFICATIONS AND REPRESENTATIONS



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178  
(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## **Business Information Request**

Dear SCAQMD Contractor/Supplier:

South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, remember to sign all documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Michael B. O'Kelly  
Chief Administrative Officer

DH:tm

Enclosures: Business Information Request  
Disadvantaged Business Certification  
W-9  
Form 590 Withholding Exemption Certificate  
Federal Contract Debarment Certification  
Campaign Contributions Disclosure  
Direct Deposit Authorization

REV 2/17



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178  
(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____

## REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	(    )    -    Ext	Fax	(    )    -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

**Attention: Accounts Payable, Accounting Department  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765-4178**

**BUSINESS STATUS CERTIFICATIONS**

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to SCAQMD, \_\_\_\_\_ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Small Business Enterprise/Small Business Joint Venture | <input type="checkbox"/> Women-owned Business Enterprise                               |
| <input type="checkbox"/> Local business   | <input type="checkbox"/> Disabled Veteran-owned Business Enterprise/DVBE Joint Venture |
| <input type="checkbox"/> Minority-owned Business Enterprise                     | <input type="checkbox"/> Most Favored Customer Pricing Certification                   |

Percent of ownership: \_\_\_\_\_ %

Name of Qualifying Owner(s): \_\_\_\_\_

**State of California Public Works Contractor Registration No. \_\_\_\_\_ . MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.**

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

<b>NAME</b>	<b>TITLE</b>
-------------	--------------

<b>TELEPHONE NUMBER</b>	<b>DATE</b>
-------------------------	-------------

## Definitions

**Disabled Veteran-Owned Business Enterprise** means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

**Joint Venture** means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

**Local Business** means a business that meets all of the following criteria:

- has an ongoing business within the boundary of SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

**Minority-Owned Business Enterprise** means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

“Minority” person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

**Small Business Enterprise** means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
  - **A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or**
  - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
  - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
  - 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

**Small Business Joint Venture** means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

**Women-Owned Business Enterprise** means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

**Most Favored Customer** as used in this policy means that the SCAQMD will receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>OR</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; text-align: center;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**2017 Withholding Exemption Certificate****590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

**Withholding Agent Information**

Name

**Payee Information**

Name

 SSN or ITIN  FEIN  CA Corp no.  CA SOS file no.

Address (apt./sta., room, PO box, or P.M.B. no.)

City (if you have a foreign address, see instructions.)

State

ZIP code

**Exemption Reason****Check only one box.**

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

- Individuals — Certification of Residency:**  
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.
- Corporations:**  
The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.
- Partnerships or Limited Liability Companies (LLCs):**  
The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.
- Tax-Exempt Entities:**  
The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 \_\_\_\_\_ (insert letter) or Internal Revenue Code Section 501(c) \_\_\_\_\_ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.
- Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**  
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.
- California Trusts:**  
At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.
- Estates — Certification of Residency of Deceased Person:**  
I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.
- Nonmilitary Spouse of a Military Servicemember:**  
I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

**CERTIFICATE OF PAYEE:** Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title

Telephone (\_\_\_\_) \_\_\_\_\_

Payee's signature ▶ \_\_\_\_\_

Date \_\_\_\_\_

# 2017 Instructions for Form 590

## Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

### General Information

**Registered Domestic Partners (RDP)** – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

### A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For more information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to [edd.ca.gov](http://edd.ca.gov) or call 888.745.3886.

**Do not** use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from the real estate withholding requirement.

**The following are excluded from withholding and completing this form:**

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

### B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties from activities sourced to California.

- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

### C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed exemption certificate, the withholding agent may accept a letter from the payee as a substitute explaining why they are not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number (TIN). The withholding agent must retain a copy of the certificate or substitute for at least five years after the last payment to which the certificate applies, and provide it upon request to the FTB.

If an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

### D Definitions

For California nonwage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

### Permanent Place of Business:

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or it has qualified through the CA SOS to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

### E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

**Domicile** is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax, if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

## Specific Instructions

### Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the TIN and check the appropriate TIN box.

You must provide a valid TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

**Private Mail Box (PMB)** – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

**Foreign Address** – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. Do not abbreviate the country name.

**Exemption Reason** – Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

### Withholding Agent Instructions

Do not send this form to the FTB. The withholding agent retains this form for a minimum of five years or until the payee's status changes, and must provide this form to the FTB upon request.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.

- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 982, Resident and Nonresident Withholding Statement, Form 982-B, Resident and Nonresident Withholding Tax Statement, and Form 982-V, Payment Voucher for Resident and Nonresident Withholding.

## Additional Information

**Website:** For more information go to [ftb.ca.gov](http://ftb.ca.gov) and search for **nonwage**.

**MyFTB** offers secure online tax account information and services. For more information and to register, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **myftb**.

**Telephone:** 888.792.4900 or 916.845.4900, Withholding Services and Compliance phone service

**Fax:** 916.845.9512

**Mail:** WITHHOLDING SERVICES AND COMPLIANCE MS F-182  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0867

For questions unrelated to withholding, or to download, view, and print California tax forms and publications, or to access the TTY/TDD numbers, see the information below.

### Internet and Telephone Assistance

**Website:** [ftb.ca.gov](http://ftb.ca.gov)

**Telephone:** 800.852.5711 from within the United States  
916.845.6800 from outside the United States

**TTY/TDD:** 800.822.6268 for persons with hearing or speech impairments

### Asistencia Por Internet y Teléfono

**Sitio web:** [ftb.ca.gov](http://ftb.ca.gov)

**Teléfono:** 800.852.5711 dentro de los Estados Unidos  
916.845.6800 fuera de los Estados Unidos

**TTY/TDD:** 800.822.6268 para personas con discapacidades auditivas o de habla

## **Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

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Typed Name & Title of Authorized Representative

---

Signature of Authorized Representative Date

I am unable to certify to the above statements. My explanation is attached.



## CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at SCAQMD website ([www.aqmd.gov](http://www.aqmd.gov)). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

### **SECTION I.**

**Contractor (Legal Name):** \_\_\_\_\_

DBA, Name _____, County Filed in _____ Corporation, ID No. _____ LLC/LLP, ID No. _____
--

**List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:**  
*(See definition below).*

\_\_\_\_\_  
\_\_\_\_\_

### **SECTION II.**

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

Yes     No    **If YES, complete Section II below and then sign and date the form. If NO, sign and date below. Include this form with your submittal.**

**Campaign Contributions Disclosure, continued:**

Name of Contributor \_\_\_\_\_

\_\_\_\_\_  
Governing Board Member or MSRC Member/Alternate                      Amount of Contribution                      Date of Contribution

Name of Contributor \_\_\_\_\_

\_\_\_\_\_  
Governing Board Member or MSRC Member/Alternate                      Amount of Contribution                      Date of Contribution

Name of Contributor \_\_\_\_\_

\_\_\_\_\_  
Governing Board Member or MSRC Member/Alternate                      Amount of Contribution                      Date of Contribution

Name of Contributor \_\_\_\_\_

\_\_\_\_\_  
Governing Board Member or MSRC Member/Alternate                      Amount of Contribution                      Date of Contribution

**I declare the foregoing disclosures to be true and correct.**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**DEFINITIONS**

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
  - (A) One business entity has a controlling ownership interest in the other business entity.
  - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:
    - (i) The same person or substantially the same person owns and manages the two entities;
    - (ii) There are common or commingled funds or assets;
    - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
    - (iv) There is otherwise a regular and close working relationship between the entities; or
  - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178  
(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## Direct Deposit Authorization

### STEP 1: Please check all the appropriate boxes

- |  |  |
|--|--|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request           |
| <input type="checkbox"/> Vendor/Contractor                             | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information                           |  |

### STEP 2: Payee Information

Last Name		First Name		Middle Initial	Title
Vendor/Contractor Business Name (if applicable)					
Address				Apartment or P.O. Box Number	
City		State	Zip	Country	
Taxpayer ID Number		Telephone Number		Email Address	

### Authorization

- I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
- This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
- I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

### STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

### To be Completed by your Bank

<b>Staple Voided Check Here</b>	Name of Bank/Institution				
	Account Holder Name(s)				
	<input type="checkbox"/> Saving <input type="checkbox"/> Checking		Account Number		Routing Number
	Bank Representative Printed Name		Bank Representative Signature		Date
	ACCOUNT HOLDER SIGNATURE:				Date

For SCAQMD Use Only

Input By \_\_\_\_\_

Date \_\_\_\_\_