



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM A1: Applicant Information *(Complete one form per company)*

I. APPLICANT INFORMATION(Required Information)

Applicant Name/Registered Owner (Equipment Owner):		
Business Name (if any):	TRUCRS ID #:	
Primary Contact Full Name:	Email:	
Mailing Address:	Phone Number:	
City:	State:	Zip Code:
Fleet Size: _____	<i>"Fleet Size" means the number of diesel-fueled vehicles traveling in California that are registered to be driven on public highways and have a manufacturer's gross vehicle weight rating of 14,001 pounds or greater that are under common ownership or control [as defined in CCR section 2025 in title 13, article 4.5, Chapter 1] by a person, business, or government agency.</i>	

II. PROJECT INFORMATION

What type of project are you applying for?		
Project Type	Total Number of trucks included	Additional forms to complete
Truck Replacement	Number of trucks being replaced: _____	Form B1 for each truck included in the application
Two-for-One Truck Replacement	Number of trucks being replaced: _____	Form B1 and B2 for each two-for-one truck replacement included in the application
Truck Engine Repower	Number of trucks being repowered: _____	Form B3 for each truck included in the application
Three-Way Truck Transaction	Total trucks included: _____	Form B4 for each 3-way truck transaction in the application
Truck Stop Electrification Infrastructure	Not Applicable	Form C1
Electric Charging Stations or Hydrogen Fueling Units	Not Applicable	Form C2
Transport Refrigeration Unit (TRU) Replacement	Number of units being replaced: _____	Form D1 for each set of units in the application
TRU Power Plug Installation	Number of plugs being installed: _____	Form D2
Cryogenic Refrigeration Fueling Infrastructure	Not Applicable	Form E1

III. SUPPLEMENTAL INFORMATION- PLEASE ATTACH THE FOLLOWING DOCUMENTS TO COMPLETE YOUR APPLICATION

<input type="checkbox"/>	Attach one or more of the following forms to Form A1 , as required:
Form B1- Truck Replacement Form B2- Two-for-One Truck Replacement Form B3- Truck Engine Repower Form B4- Three-Way Truck Transaction Form C1- Truck Stop Electrification Infrastructure	Form C2- Electric Charging Stations or Hydrogen Fueling Units Form D1- Transportation Refrigeration Unit (TRU) Replacement Form D2- TRU Power Plug Installation Form E1- Cryogenic Refrigeration Fueling Infrastructure
<input type="checkbox"/>	Attach a copy of the "Certificate of Compliance" from CARB's TRUCRS database, this certificate must show that your fleet is in compliance with CARB Truck and Bus Regulation at the time of application submittal. The TRUCRS website can be accessed at: https://ssl.arb.ca.gov/ssltrucrsto/trucrs_reporting/reporting.php . For the applicants applying for Transport Refrigeration Units (TRUs), please provide 100% Compliant Carrier status from ARB's Equipment Registration (ARBER) system.

Submit the original completed application (with all required supporting documents and signatures) along with **two (2) copies** of **the entire application package** via mail delivery, or in person to:

South Coast Air Quality Management District
21865 Copley Dr., Diamond Bar, CA 91765
 Attn: **Procurement**

Application Deadline: November 20, 2015

NOTE: Facsimile or email submittals **will not be accepted**. You must submit total of 3 copies including the original application.



I am the owner of the existing vehicle(s), have the legal authority to apply for incentive funding for the entity described in this application, and agree to the following statement by signing below:

- I (equipment owner) have reviewed the information provided in this application, including all supporting documentation, and certify the application information is true and correct, and meet the minimum requirement of the proposition 1B –Good Movement Emission Reduction Program;
- I agree to follow all requirements of the Proposition 1B - Goods Movement Emission Reduction Program- Final 2015 Staff Report and Guidelines for Implementation;
- The program-funded equipment shall be placed into operation and post-inspected prior to the applicable operational deadline to remain eligible for funding;
- I understand that the Program-funded equipment may not be used by the equipment owner to comply with any applicable CARB regulations for the specified timeframe;
- Neither the owner nor equipment identified in the application has any outstanding violations or non-compliance with CARB regulations;
- The purchase of this low-emission vehicle is NOT required by any local, state, and/or federal rule or regulation, including, but not limited to, the Drayage Truck Regulation (13 CCR §2027), Truck and Bus Regulation (13 CCR §2025), and/or Solid Waste Collection Vehicle Regulation (13 CCR §2021);
- I have not and will not apply for additional grant funds from any other agency or program for the vehicle(s) included in this application, except the funding programs allowed by the Guideline.
- I will disclose any other source(s) of funding that has been applied for and will be used for the same project, including the source of funds, amount, and the purpose for funding;
- I will disclose the value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same equipment;
- Grant funds shall only be used to offset the capital cost of the equipment and/or shall reduce the principal owed to purchase the equipment;
- New equipment must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution unless specified by the Program Guidelines, and if allowed, equipment owner shall assume all financial risk and is in no way assured program funds;
- New equipment purchased outside of California may be subject to California sales and/or use tax;
- I have all the information needed to understand what must be done to maintain eligibility for Program funds. This includes maintaining registration and ownership; keeping equipment in legal operating condition within California; correcting any air pollution citations; complying with all CARB regulations; and reporting, repairing, or replacing equipment that has been damaged, destroyed, or stolen;
- I understand that an incomplete or illegible application, including applications that are missing required documentation, may be rejected by the SCAQMD at their discretion;
- I acknowledge that the SCAQMD may release the information the application contains to third parties if required by state and federal public records laws;
- I understand that the Program-funded equipment will be required to operate at least 90% or 100% of its operating time within California for the project life;
- Program funds were not used to previously upgrade the equipment identified in the equipment project application (except for funds that may have been received to retrofit a truck with a diesel PM filter);
- Any additional non-Program funding needed to complete the equipment project according to the proposed timeframe is reasonably available; and
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.

Printed Name of Owner: _____

Title: _____

Signature of Owner: _____

Date: _____



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM B1: Equipment Information – Heavy-Duty Diesel Truck Replacement

(Complete one form per truck)

I. Required Truck Information

Equipment Registered Owner:		Equipment Fuel Type:
Vehicle Identification Number (VIN):		License Plate Number:
Truck Model Year:	Engine Model Year:	Engine Serial No.:
Annual Vehicle Miles Traveled in California:	Current Odometer Reading:	Date Recorded:
Power Take-off (PTO) Usage (if applicable):		Current PTO hour meter reading: _____ Date Recorded: _____
Does PTO operate while the main truck engine is operating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer Gross Vehicle Weight Rating (GVWR): _____ lbs <i>(Refer to the label found in the door jamb of your truck for the correct GVWR. Please attach a photograph of this label. NOTE: This is NOT the number registered with the DMV)</i>		
Port Trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No	DPF installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocation (Types of goods typically transported – Choose 1 box only) "Goods" are defined as having the same meaning in Commercial Code section 2105, which essentially requires that: 1) The goods must be movable, and 2) the goods being moved must be part of a transaction that involves a contract for the sale of the goods.		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Dry Bulk Blower <input type="checkbox"/> Vacuum Pneumatic Trailer Aggre- <input type="checkbox"/> gates <input type="checkbox"/> Container <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Wood/Paper Products <input type="checkbox"/> Bulk or Break Bulk <input type="checkbox"/> Dairy <input type="checkbox"/> Heavy Equipment/Metals <input type="checkbox"/> Restaurant/Grocery <input type="checkbox"/> Building/Construction <input type="checkbox"/> Dump Truck <input type="checkbox"/> Poultry <input type="checkbox"/> Other _____		
Estimated Percentage of Annual Vehicle Miles Traveled (VMT) in CA Trade Corridors (Total percentage cannot be over 100%) _____% Bay Area _____% Central Valley _____% LA/Inland Empire _____% San Diego/Border _____% Other in CA _____% Outside CA		
Proposed future operation within CA during the contract term (choose one): At least <input type="checkbox"/> 90% <input type="checkbox"/> 100%		

Proposed New Equipment and Funding Requested:

All Fleets

Existing Truck	Replacement Engine Emission Level (Please check only 1 Box Below)				
	New MY2015+ engine natural gas truck ^{1,2,3}	New MY2015+ engine Hybrid truck ^{1,2,4}	New MY2015+ Engine optional Low-NOx truck (0.02 only) ^{1,2}	New MY2015+ engine hybrid zero emission mile truck ^{1,2,5}	New MY2015+ engine zero emission truck ^{1,2,6}
Class 8 (33,001 lbs or greater GVWR, HHD engine)	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000
Class 7 (26,001 – 33,000 lbs GVWR, MHD or HHD engine)	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000
Class 6 (19,501 – 26,000 lbs GVWR, MHD engine)	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$45,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$100,000

1. Projects may be co-funded with CARB's Air Quality Improvement Program, Low Carbon Transportation Program, or the California Energy Commission's (CEC's) Alternative Renewable Fuel Vehicle Technology Program funds as applicable.
2. Co-funded projects can only utilize one additional source of State funding and the combined funding may not exceed 90% of the total eligible project cost or any other funding restrictions of each respective program. Projects must meet the requirements of each program providing funding.
3. Engines must meet the 2010 emission level of 0.20 g/bhp-hr or less NOx (FEL and CERT values) and 0.01 g/bhp-hr or less PM (CERT value). All engines must be approved by CARB to be sold in California.



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM B1: Equipment Information – Heavy-Duty Diesel Truck Replacement

(Complete one form per truck)

- 4. Hybrid truck is defined as a vehicle with an electric drive system powered by an on-board generator and approved for funding by AQIP.
- 5. Hybrid zero emission mile truck is defined as a hybrid vehicle capable of zero emission miles.
- 6. Zero emission truck is defined as a vehicle that emits no criteria pollutant, toxic or greenhouse gas emissions at the tailpipe.

Small Fleets (Fleets with 3 or less trucks)- old engine MY 2007-2009 (All small fleet projects must be operational by December 31, 2016)

Existing Truck (MY 2007-2009 engine)	Replacement Engine Emission Level (Please check only 1 Box Below)	
	New truck that has a MY 2015+ engine	
Class 8 <i>(33,001 lbs or greater GVWR, HHD engine)</i>	<input type="checkbox"/>	\$60,000
Class 7 <i>(26,001 – 33,000 lbs GVWR, MHD or HHD)</i>	<input type="checkbox"/>	\$45,000
Class 6 <i>(19,501 – 26,000 lbs GVWR, MHD engine)</i>	<input type="checkbox"/>	\$25,000

Small Fleets (Fleets with 3 or less trucks)- old engine MY 2006 or older (All small fleet projects must be operational by December 31, 2016)

Existing Truck	Replacement Engine Emission Level (Please check only 1 Box Below)	
	Used truck that has a MY2011+ Engine	New truck that has a MY 2015+ engine
Class 8 <i>(33,001 lbs or greater GVWR, HHD engine) MY 2006 or older engine</i>	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$60,000
Class 7 <i>(26,001 – 33,000 lbs GVWR, MHD or HHD MY 2006 or older engine</i>	<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$45,000
Class 6 <i>(19,501 – 26,000 lbs GVWR, MHD engine) *MY 1998-2006 only</i>	N/A	<input type="checkbox"/> \$25,000



II. Additional Information

Purchasing Vehicle with a Lease-To-Own Program (LTO)? No Yes If yes, complete the lessor information below.

(LTO projects must comply with requirements listed in the Program Guidelines, Chapter IV.A.13. LTO application must be signed and submitted by the owner of the old truck. Applicant must be the legal owner of the old truck at the time of application and must participated in the LTO program as either the lessor or lessee)

Name of Lessor:

Contact Name and Phone Number of Lessor:

Lessot Address:

III. Supplemental Information- Please Attach the following Documents to Complete Your Application

- Proof of Current and Prior Year Registration in CA: Acceptable records may include: CA based-plated registration, CA International Registration Plan (IRP), or dual-plated registration (CA based-plated/CA IRP and Mexico only) for trucks carrying goods across the CA-Mexico border.

Please provide registration documents to verify the following:

- 1) Current registration, AND
2) Registration for the past 2 years: Must show proof of registration in the current year (1-12 months prior to application date) and prior year (13-24 months prior to application date).

Two options:

- 1) CA DMV registration cards for the past 2 years, OR
2) CA DMV Vehicle Registration Information Record (DMV printout)
o The DMV printout must show registration in both the current year and prior year with a mini- mum of 6 months of total registration.
o If the DMV printout shows no registration in the prior year, then alternative documentation (insurance certificate or BIT inspection) must be used to verify operation in the prior year.

Note: The DMV printout may be obtained by submitting a Request for Driver Record Information form (INF 1125) to the DMV. To find your local DMV office, please visit http://www.dmv.ca.gov. You may also obtain and pay for the DMV printout online at: http://www.dmv.ca.gov/online/vrr.htm

- Copy of Existing Vehicle Title (Note: Title may show a lienholder at the time of application however the title must be cleared of all liens prior to payment of any grant funds by SCAQMD.)

- Vehicle Miles Traveled (VMT) in CA for the past 24 Months: Acceptable documentation includes, but is not limited to: maintenance records, Biennial Inspection of Terminals (BIT inspection), International Fuel Tax Agreement (IFTA) records, daily logs, etc.) Documentation must clearly identify the truck by ID number, license plate, or VIN. Two (2) mileage records showing odometer readings



If applicable, provide Power Take Off (PTO) activity for the past 24 months:

Acceptable documentation is subject to approval by the SCAQMD, but must clearly identify the truck by ID number, license plate, or VIN.

Two (2) PTO records showing hour meter

Proof of insurance for the past 24 months

Copy of Certificate of Compliance from CARB’s TRUCRS database

Photograph of the manufacturer’s labels found in the door jamb of the truck showing VIN and GVWR

I. IMPORTANT NOTES

- **SUBMIT** completed Forms A1, B1, and all required supplemental Information listed above to the SCAQMD by the requested due date.
- **DO NOT PURCHASE NEW EQUIPMENT!** New equipment funded by this program can only be purchased once the contract is signed between the equipment owner and the SCAQMD. An equipment owner may pre-order new equipment prior to contract execution and after posting of CARB’s approved rank list at the equipment owner’s risk.
- **KEEP EXISTING OLD TRUCK REGISTERED AND IN OPERATION!** Existing equipment must maintain continuous DMV registration and be in operation moving goods at a similar activity level to that listed in the application until the equipment has been relinquished to a SCAQMD-approved dismantler.
- **STAY COMPLIANT!** Applicants should plan to have their replacement trucks operational in 2016, and make sure their fleet is compliant with the requirements of the CARB Truck and Bus Regulation on January 1 of each year, beginning January 1, 2015, until the end of the contract life.
- **FUNDING AVAILABILITY:** Funding will **not** be disbursed in 2015 for eligible projects due to the anticipated timeframe for project evaluation. Program funding will be available for eligible projects in 2016 only.



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM B2: Two-for-One Truck Replacement – For Second Truck Only

(Complete this form for the second truck in the Two-for-One Truck Replacement)

I. Second Truck Information

Equipment Registered Owner: Equipment Fuel Type:
Vehicle Identification Number (VIN): License Plate Number:
Truck Model Year: Engine Model Year: Engine Serial No.:
Annual Vehicle Miles Traveled in California: Current Odometer Reading: Date Recorded:
Power Take-off (PTO) Usage (if applicable): Current PTO hour meter reading: Date Recorded:
Does PTO operate while the main truck engine is operating? Yes No
Manufacturer Gross Vehicle Weight Rating (GVWR): lbs
(Refer to the label found in the door jamb of your truck for the correct GVWR. Please attach a photograph of this label. NOTE: This is NOT the number registered with the DMV)
Port Truck? Yes No DPF Installed? Yes No
Vocation (Types of goods typically transported – Choose 1 box only)
“Goods” are defined as having the same meaning in Commercial Code section 2105, which essentially requires that:
1) The goods must be movable, and 2) the goods being moved must be part of a transaction that involves a contract for the sale of the goods.
Agricultural Concrete Mixer Dry Bulk Blower Vacuum Pneumatic Trailer Ag-
gregates Container Hazardous Materials Wood/Paper Products
Bulk or Break Bulk Dairy Heavy Equipment/Metals Restaurant/Grocery
Building/Construction Dump Truck Poultry Other
Estimated Percentage of Annual Vehicle Miles Traveled (VMT) in CA Trade Corridors (Total percentage cannot be over 100%)
% Bay Area % Central Valley % LA/Inland Empire % San Diego/Border % Other in CA % Outside CA
Proposed future operation within CA during the contract term (choose one): At least 90% 100%

II. Supplemental Information – Please Attach the Following Documents to Complete Your Application

Proof of Current and Prior Year Registration in CA:
Acceptable records may include: CA based-plated registration, CA International Registration Plan (IRP), or dual-plated registration (CA based-plated/CA IRP and Mexico only) for trucks carrying goods across the CA-Mexico border.
Please provide registration documents to verify the following:
1) Current registration, AND
2) Registration for the past 2 years: Must show proof of registration in the current year (1-12 months prior to application date) and prior year (13-24 months prior to application date).
Two options:
1) CA DMV registration cards for the past 2 years, OR
2) CA DMV Vehicle Registration Information Record (DMV printout)
o The DMV printout must show registration in both the current year and prior year with a minimum of 6 months of total registration.
o If the DMV printout shows no registration in the prior year, then alternative documentation (insurance certificate or BIT inspection) must be used to verify operation in the prior year.
Note: The DMV printout may be obtained by submitting a Request for Driver Record Information form (INF 1125) to the DMV. To find your local DMV office, please visit http://www.dmv.ca.gov. You may also obtain and pay for the DMV printout online at: http://www.dmv.ca.gov/online/vrr.htm



- Copy of Existing Vehicle Title**
(Note: Title may show a lienholder at the time of application however the title must be cleared of all liens prior to the payment of any grant funds by SCAQMD.)

- Vehicle miles traveled (VMT) in California for the past 24 Months:**
Acceptable documentation includes, but is not limited to: maintenance records, Biennial Inspection of Terminals (BIT inspection), International Fuel Tax Agreement (IFTA) records, daily logs, etc.) Documentation
Two (2) mileage records that show odometer readings.

- If applicable, provide Power Take Off (PTO) activity for the past 24 months:**
Acceptable documentation is subject to approval by the SCAQMD, but must clearly identify the truck by ID number, license plate, or VIN.
Two (2) PTO records showing hour meter readings.

- Proof of insurance for the past 24 months**

- Copy of Certificate of Compliance from CARB’s TRUCRS database**

- Photograph of the manufacturer’s label found in the door jamb of the truck showing VIN and GVWR**
(Legibly printed photos only)

III. IMPORTANT NOTES

- **SUBMIT** completed Forms A1, B1, B2 and all required supplemental information listed above to the SCAQMD by the requested due date.
- **DO NOT PURCHASE NEW EQUIPMENT!** New equipment funded by this program can only be purchased once the contract is signed between the equipment owner and the SCAQMD. An equipment owner may pre-order new equipment prior to contract execution and after posting of CARB’s approved rank list at the equipment owner’s risk.
- **KEEP EXISTING OLD TRUCK REGISTERED AND IN OPERATION!** Existing equipment must maintain continuous DMV registration and be in operation moving goods at a similar activity level to that listed in the application until the equipment has been relinquished to a SCAQMD-approved dismantler.
- **STAY COMPLIANT!** Applicants should plan to have their replacement trucks operational in 2016, and make sure their fleet is compliant with the requirements of the CARB Truck and Bus Regulation on January 1 of each year, beginning January 1, 2015, until the end of the contract life.
- **FUNDING AVAILABILITY:** Funding will **not** be disbursed in 2015 for eligible projects due to the anticipated timeframe for project evaluation. Program funds will be available for eligible projects in 2016 only.



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM B3: Heavy-Duty Diesel Truck Engine Repower (Small Fleet Only)

(Complete one form per truck)

I. Required Truck Information

Equipment Registered Owner:		Equipment Fuel Type:
Vehicle Identification Number (VIN):		License Plate Number:
Truck Model Year:	Engine Model Year:	Engine Serial No.:
Annual Vehicle Miles Traveled in California:	Current Odometer Reading:	Date Recorded:
Power Take-off (PTO) Usage (if applicable):		Current PTO hour meter reading: _____ Date Recorded: _____
Does PTO operate while the main truck engine is operating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer Gross Vehicle Weight Rating (GVWR): _____ lbs <i>(Refer to the label found in the door jamb of your truck for the correct GVWR. Please attach a photograph of this label. NOTE: This is NOT the number registered with the DMV)</i>		
Port Truck? <input type="checkbox"/> Yes <input type="checkbox"/> No		DPF Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Vocation (Types of goods typically transported – Choose 1 box only)

“Goods” are defined as having the same meaning in Commercial Code section 2105, which essentially requires that:

- 2) The goods must be movable, and 2) the goods being moved must be part of a transaction that involves a contract for the sale of the goods.

- Agricultural
- Concrete Mixer
- Dry Bulk Blower
- Vacuum Pneumatic Trailer
- Aggregates
- Container
- Hazardous Materials
- Wood/Paper Products
- Bulk or Break Bulk
- Dairy
- Heavy Equipment/Metals
- Restaurant/Grocery
- Building/Construction
- Dump Truck
- Poultry
- Other _____

Estimated Percentage of Annual Vehicle Miles Traveled (VMT) in CA Trade Corridors (Total percentage cannot be over 100%)

_____ % Bay Area _____ % Central Valley _____ % LA/Inland Empire _____ % San Diego/Border _____ % Other in CA _____ % Outside CA

Proposed future operation within CA during the contract term (choose one): At least 90% 100%

Proposed New Equipment and Funding Requested:

Existing Truck	Replacement Engine Repower diesel engine with a new MY2015+ engine that meets 2010 emission levels
Class 8 (33,001 lbs or greater, HHD engine) (MY 2009 or older Engine)	<input type="checkbox"/> \$20,000
Class 7 (26,001 – 33,000 lbs, MHD or HHD) (MY 2009 or older Engine)	<input type="checkbox"/> \$20,000
Class 6 (19,501 – 26,000 lbs, MHD engine) (MHD engine) (MY 1998-2009 Engine)	<input type="checkbox"/> \$10,000



II. Supplemental Information – Please Attach the Following Documents to Complete Your Application

Proof of Current and Prior Year Registration in CA:

Acceptable records may include: CA based-plated registration, CA International Registration Plan (IRP), or dual-plated registration (CA based-plated/CA IRP and Mexico only) for trucks carrying goods across the CA-Mexico border.

Please provide registration documents to verify the following:

- 1) Current registration, AND
- 2) Registration for the past 2 years: Must show proof of registration in the current year (1-12 months prior to application date) and prior year (13-24 months prior to application date).

Two options:

- 1) CA DMV registration cards for the past 2 years, OR
- 2) CA DMV Vehicle Registration Information Record (DMV printout)
 - o The DMV printout must show registration in both the current year and prior year with a minimum of 6 months of total registration.
 - o If the DMV printout shows no registration in the prior year, then alternative documentation (insurance certificate or BIT inspection) must be used to verify operation in the prior year.

Note: The DMV printout may be obtained by submitting a Request for Driver Record Information form (INF 1125) to the DMV. To find your local DMV office, please visit <http://www.dmv.ca.gov>. You may also obtain and pay for the DMV printout online at: <http://www.dmv.ca.gov/online/vrr.htm>

Copy of Existing Vehicle Title

(Note: Title may show a lienholder at the time of application however the title must be cleared of all liens prior to payment of any grant funds by SCAQMD.)

Vehicle miles traveled (VMT) in California for the past 24 Months:

Acceptable documentation includes, but is not limited to: maintenance records, Biennial Inspection of Terminals (BIT inspection), International Fuel Tax Agreement (IFTA) records, daily logs, etc.) Documentation Two (2) mileage records that show odometer readings.

If applicable, provide Power Take Off (PTO) activity for the past 24 months:

Acceptable documentation is subject to approval by the SCAQMD, but must clearly identify the truck by ID number, license plate, or VIN.

Two (2) PTO records showing hour meter readings.

Proof of insurance for the past 24 months

Copy of Certificate of Compliance from CARB's TRUCRS database

Photograph of the manufacturer's label found in the door jamb of the truck showing VIN and GVWR
(Legibly printed photos only)



III. IMPORTANT NOTES

- **SUBMIT** completed Forms A1, B1, and all required supplemental Information listed above to the SCAQMD by the requested due date.
- **DO NOT PURCHASE NEW EQUIPMENT!** New equipment funded by this program can only be purchased once the contract is signed between the equipment owner and the SCAQMD. An equipment owner may pre-order new equipment prior to contract execution and after posting of CARB's approved rank list at the equipment owner's risk.
- **KEEP EXISTING OLD TRUCK REGISTERED AND IN OPERATION!** Existing equipment must maintain continuous DMV registration and be in operation moving goods at a similar activity level to that listed in the application until the equipment has been relinquished to a SCAQMD-approved dismantler.
- **STAY COMPLIANT!** Applicants should plan to have their replacement trucks operational in 2016, and make sure their fleet is compliant with the requirements of the CARB Truck and Bus Regulation on January 1 of each year, beginning January 1, 2015, until the end of the contract life.
- **FUNDING AVAILABILITY:** Funding will **not** be disbursed in 2015 for eligible projects due to the anticipated timeframe for project evaluation. Program funding will be available for eligible projects in 2016 only.



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM B4: Three-Way Truck Transaction

I. Truck A Information (Engine Model Year 2007-2009 with a OEM or Level 3 PM Filter Installed)

Form I: Truck A Information. Fields include: Equipment Registered Owner, Vehicle Identification Number (VIN), Truck Model Year, Engine Model Year, Annual Vehicle Miles Traveled, Current Odometer Reading, Equipment Fuel Type, License Plate Number, Engine Serial No., Date Recorded, Power Take-off (PTO) Usage, Current PTO hour meter reading, Date Recorded, Does PTO operate while the main truck engine is operating?, Manufacturer Gross Vehicle Weight Rating (GVWR), Vocation (Types of goods typically transported), Estimated Percentage of Annual Vehicle Miles Traveled (VMT) in CA Trade Corridors, Proposed future operation within CA during the contract term.

II. Truck B Information (Engine Model Year 2006 or Older that has demonstrated compliance with the Statewide Truck and Bus Rule)

Form II: Truck B Information. Fields include: Equipment Registered Owner, Vehicle Identification Number (VIN), Truck Model Year, Engine Model Year, Annual Vehicle Miles Traveled, Current Odometer Reading, Equipment Fuel Type, License Plate Number, Engine Serial No., Date Recorded, Power Take-off (PTO) Usage, Current PTO hour meter reading, Date Recorded, Does PTO operate while the main truck engine is operating?, Manufacturer Gross Vehicle Weight Rating (GVWR), Vocation (Types of goods typically transported), Estimated Percentage of Annual Vehicle Miles Traveled (VMT) in CA Trade Corridors, Proposed future operation within CA during the contract term.

Note: If owner of Truck B is different than owner of Truck A and has not yet been identified, Table II may be left blank. Ranking may be increased if Truck B information is provided at the time of application submittal.



III. Truck C Information – New Equipment And Funding Request for All Fleet (Must be the same vehicle class as Truck A)

Existing Truck	Replacement Engine Emission Level (Please check only 1 Box Below)				
	New MY2015+ engine natural gas truck ^{1,2,3}	New MY2015+ engine Hybrid truck ^{1,2,4}	New MY2015+ Engine optional Low-NOx truck (0.02 only) ^{1,2}	New MY2015+ engine hybrid zero emission mile truck ^{1,2,5}	New MY2015+ engine zero emission truck ^{1,2,6}
Class 8 (33,001 lbs or greater GVWR, HHD engine)	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000
Class 7 (26,001 – 33,000 lbs GVWR, MHD or HHD engine)	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000
Class 6 (19,501 – 26,000 lbs GVWR, MHD engine)	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$45,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$100,000

1. Projects may be co-funded with CARB’s Air Quality Improvement Program, Low Carbon Transportation Program, or the California Energy Commission’s (CEC’s) Alternative Renewable Fuel Vehicle Technology Program funds as applicable.
2. Co-funded projects can only utilize one additional source of State funding and the combined funding may not exceed 90% of the total eligible project cost or any other funding restrictions of each respective program. Projects must meet the requirements of each program providing funding.
3. Engines must meet the 2010 emission level of 0.20 g/bhp-hr or less NOx (FEL and CERT values) and 0.01 g/bhp-hr or less PM (CERT value). All engines must be approved by CARB to be sold in California.
4. Hybrid truck is defined as a vehicle with an electric drive system powered by an on-board generator and approved for funding by AQIP.
5. Hybrid zero emission mile truck is defined as a hybrid vehicle capable of zero emission miles.
6. Zero emission truck is defined as a vehicle that emits no criteria pollutant, toxic or greenhouse gas emissions at the tailpipe.

Small Fleets (Fleets with 3 or less trucks)

Truck C Information – New Equipment and Funding Request (Must be the same vehicle class as Truck A)

Existing Truck	Replacement Engine Emission Level (Please check only 1 Box Below)
	New truck that has a MY 2015+ engine
Class 8 (33,001 lbs or greater GVWR, HHD engine)	<input type="checkbox"/> \$60,000
Class 7 (26,001 – 33,000 lbs GVWR, MHD or HHD)	<input type="checkbox"/> \$45,000
Class 6 (19,501 – 26,000 lbs GVWR, MHD engine)	<input type="checkbox"/> \$25,000



III. Supplemental Information – Please Attach the Following Documents to Complete Your Application

Proof of Current and Prior Year Registration in CA:

Acceptable records may include: CA based-plated registration, CA International Registration Plan (IRP), or dual-plated registration (CA based-plated/CA IRP and Mexico only) for trucks carrying goods across the CA-Mexico border.

Please provide registration documents to verify the following:

Current registration, AND

Registration for the past 2 years: Must show proof of registration in the current year (1-12 months prior to application date) and prior year (13-24 months prior to application date).

Two options:

CA DMV registration cards for the past 2 years, OR

CA DMV Vehicle Registration Information Record (DMV printout)

The DMV printout must show registration in both the current year and prior year with a minimum of 6 months of total registration.

If the DMV printout shows no registration in the prior year, then alternative documentation (insurance certificate or BIT inspection) must be used to verify operation in the prior year.

Note: The DMV printout may be obtained by submitting a Request for Driver Record Information form (INF 1125) to the DMV. To find your local DMV office, please visit <http://www.dmv.ca.gov>. You may also obtain and pay for the DMV printout online at: <http://www.dmv.ca.gov/online/vrr.htm>

Copy of Existing Vehicle Title

(Note: Title may show a lienholder at the time of application however the title must be cleared of all liens prior to payment of any grant funds by SCAQMD.)

Vehicle Miles Traveled (VMT) in CA for the past 24 Months:

Acceptable documentation includes, but is not limited to: maintenance records, Biennial Inspection of Terminals (BIT inspection), International Fuel Tax Agreement (IFTA) records, daily logs, etc.) Documentation must clearly identify the truck by ID number, license plate, or VIN.

Two (2) mileage records that show odometer readings.

If applicable, provide Power Take Off (PTO) activity for the past 24 months:

Acceptable documentation is subject to approval by the SCAQMD, but must clearly identify the truck by ID number, license plate, or VIN.

Two (2) PTO records showing hour meter

Proof of insurance for the past 24 months

Copy of Certificate of Compliance from CARB's TRUCRS database

Photograph of the manufacturer's labels found in the door jamb of the truck showing VIN and GVWR
(Legibly printed photos only)



III. IMPORTANT NOTES

- **SUBMIT** completed Forms A1, B1, and all required supplemental Information listed above to the SCAQMD by the requested due date.
- **DO NOT PURCHASE NEW EQUIPMENT!** New equipment funded by this program can only be purchased once the contract is signed between the equipment owner and the SCAQMD. An equipment owner may pre-order new equipment prior to contract execution and after posting of CARB's approved rank list at the equipment owner's risk.
- **KEEP EXISTING OLD TRUCK REGISTERED AND IN OPERATION!** Existing equipment must maintain continuous DMV registration and be in operation moving goods at a similar activity level to that listed in the application until the equipment has been relinquished to a SCAQMD-approved dismantler.
- **STAY COMPLIANT!** Applicants should plan to have their replacement trucks operational in 2016, and make sure their fleet is compliant with the requirements of the CARB Truck and Bus Regulation on January 1 of each year, beginning January 1, 2015, until the end of the contract life.
- **FUNDING AVAILABILITY:** Funding will **not** be disbursed in 2015 for eligible projects due to the anticipated timeframe for project evaluation. Program funding will be available for eligible projects in 2016.



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM C1: Truck Stop Electrification Infrastructure

I. APPLICANT INFORMATION

Name :		
Business Name (if any):		
Primary Contact Name:	Email:	Phone Number:
Mailing Address:		
City:	State:	Zip Code:
Person with contract signing authority (if different than above):		Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the grant program(s) that you applied to: _____		

II. LOCATION INFORMATION

Facility Name:
Location/Project Site Address:
Type of Project: <input type="checkbox"/> Truck Stop - Number of Existing Parking Spaces : _____ <input type="checkbox"/> Intermodal Facility – Number of Existing Spaces: _____ Dis- <input type="checkbox"/> tribution Center - Number of Existing Docks: _____ <input type="checkbox"/> Other (please specify): _____
How many heavy-duty diesel trucks are currently operated at this facility annually? _____ Av- erage daily time a refrigeration units (TRUs) operates while parked? _____ hr.

III. PROJECT INFORMATION – PROJECTED ACTIVITIES WITH NEW EQUIPMENT AND EMISSIONS BENEFITS DATA*

Brief Description of Project (please include the detailed design plan with application):		
Number of electrification units to be installed: _____	Individual power required: _____	Total power required: _____
Annual estimated of number of trucks connect to electric power : _____	Average connection time per truck: _____ hrs.	
Annual estimated of number of TRU connect to electric power : _____	Average connection time per TRU: _____ hrs.	



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM C1: Truck Stop Electrification Infrastructure

Projected annual usage in hours (expected percent occupancy):

Year 1 : _____% Year 2 : _____% Year 3 : _____% Year 4 : _____% Year 5 : _____%

Year 6 : _____% Year 7 : _____% Year 8 : _____% Year 9 : _____% Year 10 : _____%

Projected power usage for TRU (expected percent occupancy):

Year 1 : _____% Year 2 : _____% Year 3 : _____% Year 4 : _____% Year 5 : _____%

Year 6 : _____% Year 7 : _____% Year 8 : _____% Year 9 : _____% Year 10 : _____%

Baseline emission (without project) for the first 10-year of operation: NOx _____ lb. and PM _____ lb.

Emission from the project during the first 10-year of operation: NOx _____ lb. and PM _____ lb.

Emission reduction for the first 10-year of project operation: NOx _____ lb. and PM _____ lb.

Cost Effectiveness : _____ lb./State dollars

Note: Cost-effectiveness should be equal to or greater than 0.10 lb./State dollars invested

* Applicant must use CARB's 2015 Emissions Benefits Calculator to estimate the baseline and future emissions, the amount of emissions reduced, and the cost-effectiveness of the project together with the annual usage in hours. The calculator will be posted on CARB's website. Applicant must provide an electronic copy and a hardcopy of the completed calculator with the application.

IV. EQUIPMENT VENDOR INFORMATION

Vendor Name:

Contact person:

Email:

Phone Number:

V. EQUIPMENT PROJECT FUNDING REQUEST

Total project cost (\$):

Program dollar requested (\$):

Source of funds to pay for the balance of the project:

Private (cash/loan) Local Other state Federal Other(please specify): _____



VI. ATTACHMENTS-PLEASE ATTACH THE FOLLOWING DOCUMENTS TO COMPLETE YOUR APPLICATION

- o Completed Form C1.
- o Complete ARB’s 2015 Emission Benefit Calculator. The calculator can be accessed at: <http://www.arb.ca.gov/bonds/gmbond/gmbond.htm>
- o Truck electrification infrastructure detailed design plan.
- o Itemized cost information by phase (design, environmental, construction).
- o Written project acknowledgement form from the site owner (if applicant does not own the site where the equipment will be installed) which acknowledge/agrees to the following, at a minimum, for the duration of the project life:
 - The equipment owner will be allowed to install and operate the Program-funded equipment at the site address.
 - Program-funded equipment will be the property of the applicant listed in the equipment project application.
 - The local agency, ARB, or their designees will be allowed to access the site, equipment, and associated records for inspection, Program reviews, or fiscal audits.

VII. Applicant Statement

I have the legal authority to apply for incentive funding for the entity described in this application, and agree to the following statements by signing below:

- I (applicant) have reviewed the information provided in this application, including all supporting documentation, and certify the application information is true and correct, and meets the minimum requirements of the Proposition 1B - Goods Movement Emission Reduction Program;
- I agree to follow all requirements of the 2015 Proposition 1B - Goods Movement Emission Reduction Program Guidelines;
- The program-funded equipment shall be placed into operation and post-inspected prior to the applicable operational deadline to remain eligible for funding;
- I understand that the Program-funded equipment may not be used by the equipment owner to comply with any applicable CARB regulations for the specified timeframe;
- I have not and will not apply for additional grant funds from any other agency or program for this proposed project, except the funding programs allowed by the Guideline.
- I will disclose any other source(s) of funding that has been applied for and will be used for the same project, including the source of funds, amount, and the purpose for funding;
- I will disclose the value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same equipment;
- Grant funds shall only be used to offset the capital cost of the equipment and/or shall reduce the principal owed to purchase the equipment;
- New equipment must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution;
- New equipment purchased outside of California may be subject to California sales and/or use tax;
- I agree to properly maintain program funded equipment in good operating condition and according to manufacturer’s recommendation during the project life;
- I understand that an incomplete or illegible application, including applications that are missing required documentation, may be rejected by the SCAQMD at their discretion;
- I acknowledge that the SCAQMD may release the information the application contains to third parties if required by state and federal public records laws; and
- I understand that landside electrification infrastructure to reduce diesel engine idling and use of diesel-fueled internal combustion auxiliary power systems may be funded at the lower of 50% of eligible project costs or a level commensurate with a cost-effectiveness of 0.10 pounds of weighted emissions reduced per State dollars invested.
- I understand that truck stop/distribution center electrification infrastructure projects shall be eligible to compete for funding only if the cost-effectiveness is equal to or greater than 0.10 pounds of weighted emissions reduced per State dollars



invested.

- I understand that eligible costs for the project include purchase and installation of electrical infrastructure to: enable heating, cooling, and the use of cab power for parked trucks at truck stops; and enable the use of power for transport refrigeration units and auxiliary power systems at distribution centers, intermodal facilities, and other places where trucks congregate. Reimbursement for the eligible costs shall be based on demonstrated use over the first year of operation. Ineligible costs include on-board auxiliary power units and other equipment installed on trucks, transport refrigeration units, electricity costs, and operation and maintenance costs.
- I understand that the reimbursement for the eligible cost will be based on demonstrated use over the first year of operation.
- Equipment project match funding is reasonably available to complete the equipment project according to the proposed timeframe.

Printed Name of Owner: _____ **Title:** _____

Signature of Owner: _____ **Date:** _____



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM C2: Electric Charging Stations or Hydrogen Fueling Units

This funding option is only available if the equipment owner replaces a minimum of three vehicles through the Program (Form B1)

I. APPLICANT INFORMATION

Name :		
Business Name (if any):		
Primary Contact Name:		Email: Phone Number:
Mailing Address:		
City:	State:	Zip Code:
Person with contract signing authority (if different than above):		Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the grant program(s) that you applied to:		

II. CHARGING/FUELING EQUIPMENT INFORMATION

Equipment/ Construction Location:
Project type? <input type="checkbox"/> Electric charging station <input type="checkbox"/> Hydrogen Fueling Unit
Equipment Manufacturer:
Equipment Power Rating for Electric Charger Only (Voltage, Amperage, Wattage, Efficiency):
Equipment Serial Number:
Equipment Recharge Rate (Electric Charger Only):
Anticipated Cost of Eligible Equipment:
Description of Usage Monitoring System
Estimated Annual Truck connections: _____ Trucks. Estimated connection time/Truck: _____ hours.

III. EQUIPMENT PROJECT FUNDING REQUEST

Estimated Cost of Charging Stations/Fueling Units :\$ _____
Program Dollars Requested:\$ _____ (Partial funding of up to the lower of 50% or \$90,000 for 3 charging or fueling units)
Equipment Power Rating for Electric Charger Only (Voltage, Amperage, Wattage, Efficiency):



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM D1: Transport Refrigeration Unit (TRU) Replacement

I. APPLICANT INFORMATION

Name :			
Business Name (if any):			Fleet Size:
Primary Contact Name:		Email:	Phone Number:
Mailing Address:			
City:	State:	Zip Code:	
Person with contract signing authority (if different than above):			Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify the grant program(s) that you applied to: _____			
Are you applying for Prop1B infrastructure funding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you installing an electric plug with the TRU replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vocation (<i>Types of goods typically transported – Choose 1 box only</i>) “Goods” are defined as having the same meaning in Commercial Code section 2105, which essentially requires that: 1) The goods must be movable, and 2) the goods being moved must be part of a transaction that involves a contract for the sale of the goods.			
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Dry Bulk Blower	<input type="checkbox"/> Vacuum Pneumatic
<input type="checkbox"/> Trailer Aggregates	<input type="checkbox"/> Container	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Wood/Paper Products
<input type="checkbox"/> Bulk or Break Bulk	<input type="checkbox"/> Dairy	<input type="checkbox"/> Heavy Equipment/Metals	<input type="checkbox"/> Restaurant/Grocery
<input type="checkbox"/> Building/Construction	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Poultry	<input type="checkbox"/> Other _____

II. EXISTING TRU INFORMATION

a) For zero emission transport refrigerator replacement, eligible cost include the transport refrigerator unit and an electric power plug (minimum 1 replacement)

b) For cryogenic TRU replacement, a minimum of 5 replacement is required.

1st Unit No:		
Make:	Model Year:	Horsepower:
Model:	ARBER identification number:	Engine Serial Number:
Annual hours of operation (average over past 2 years):		
Daily operation hours while parked at freight facility loading dock (average over past 2 years):		
Daily operation hours while park at freight facility parking spot (average over past 2 years):		



The following information is only required for cryogenic TRU replacement or replacing with more than one zero emission TRU

2nd Unit No:		
Make:	Model Year:	Horsepower:
Model:	ARBER identification number:	Engine Serial Number:
Annual hours of operation (average over past 2 years):		
Daily operation hours while parked at freight facility loading dock (average over past 2 years):		
Daily operation hours while park at freight facility parking spot (average over past 2 years):		
3rd Unit No:		
Make:	Model Year:	Horsepower:
Model:	ARBER identification number:	Engine Serial Number:
Annual hours of operation (average over past 2 years):		
Daily operation hours while parked at freight facility loading dock (average over past 2 years):		
Daily operation hours while park at freight facility parking spot (average over past 2 years):		
4th Unit No:		
Make:	Model Year:	Horsepower:
Model:	ARBER identification number:	Engine Serial Number:
Annual hours of operation (average over past 2 years):		
Daily operation hours while parked at freight facility loading dock (average over past 2 years):		
Daily operation hours while park at freight facility parking spot (average over past 2 years):		
5th Unit No:		
Make:	Model Year:	Horsepower:
Model:	ARBER identification number:	Engine Serial Number:
Annual hours of operation (average over past 2 years):		
Daily operation hours while parked at freight facility loading dock (average over past 2 years):		
Daily operation hours while park at freight facility parking spot (average over past 2 years):		

**Additional pages may be attached for additional units.*



III. REPLACEMENT EQUIPMENT INFORMATION AND PROJECT FUNDING REQUEST

Make:	Model Year:
Horsepower:	Fuel type:
Estimated future annual hours of operation:	
Estimated future daily hours of operation while parked at freight facility loading dock:	
Estimated future daily hours of operation while park at freight facility parking spot (average over past 2 years):	
Estimated Project completion date:	
Total project cost (\$):	
Number of TRU to be replaced: _____ <input type="checkbox"/> Electric/Fuel Cell, Number of unit(s): _____ <input type="checkbox"/> Cryogenic, Number of Unit(s): _____	
Program dollar requested (\$): <ul style="list-style-type: none"> Zero Emission Transport Refrigerator Units <input type="checkbox"/> Lower of 80% or \$50,000 per TRU replacement <input type="checkbox"/> Other: _____ (Replacement TRU must be CARB certified zero emissions, eligible cost include an electric power plug) Cryogenic Transport Refrigerator Units <input type="checkbox"/> Lower of 50% of eligible cost or \$100,000 (\$20,000/TRU) <input type="checkbox"/> Other: _____ (Replacement TRU must be CARB certified zero emissions) 	
Source of funds to pay for the balance of the project: <input type="checkbox"/> Private (cash/loan) <input type="checkbox"/> Local <input type="checkbox"/> Other state <input type="checkbox"/> Federal <input type="checkbox"/> Other(please specify): _____ <u>Amount of Non-Bond Funding: \$ _____</u>	

*** New equipment shall not be ordered until the existing equipment has been pre-inspected and contract is signed between the equipment owner and SCAQMD.**



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM D2: Transport Refrigeration Unit (TRU) Power Plug Installation

I. APPLICANT INFORMATION

Name :		Fleet Size:
Business Name (if any):		
Primary Contact Name:	Email: Phone Number:	
Mailing Address:		
City:	State:	Zip Code:
Person with contract signing authority (if different than above):		Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify the grant program(s) that you applied to: _____		

II. LOCATION AND CHARGE EQUIPMENT INFORMATION

Facility Name:
Location/Project Site Address:
Number of truck and trailer equipped with TRU that visit the freight facility and are capable of utilizing the infrastructure and equipment:
Equipment power rating(voltage, amperage, wattage, efficiency):
Equipment serial number:
Equipment recharge rate:
Anticipated cost of eligible equipment:
Description of usage monitoring system:

III. PROJECT FUNDING REQUEST

Total project cost (\$):
Number of electric power plugs will be installed: _____
<i>Install at least 10 or more electric power plugs that are compatible with electrically powered TRUs (e.g. all-electric, hybrid electric, or electric standby-equipped TRUs) at loading docks or parking area of freight facilities.</i>
Program dollar requested (\$): <input type="checkbox"/> Lower of 50% or \$30,000 to install 10 electric power plugs. <input type="checkbox"/> Other: _____
<i>Additional electric power plugs may be funded at the lower of 50% or \$3,000 per additional plug.</i>
Source of funds to pay for the balance of the project: <input type="checkbox"/> Private (cash/loan) <input type="checkbox"/> Local <input type="checkbox"/> Other state <input type="checkbox"/> Federal <input type="checkbox"/> Other(please specify): _____



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM E1: Cryogenic Refrigeration Fueling Infrastructure at Distribution Center

I. APPLICANT INFORMATION

Name :		
Business Name (if any):		Fleet Size:
Primary Contact Name:	Email:	Phone Number:
Mailing Address:		
City:	State:	Zip Code:
Person with contract signing authority (if different than above):		Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify the grant program(s) that you applied to: _____		

II. LOCATION INFORMATION

Facility Name:
Location/Project Site Address:
Number of trucks and trailers equipped with TRU that visit the freight facility and are capable of utilizing the infrastructure and equipment:
Number of existing loading docks:
Number of existing parking spots:
Estimated daily number of truck equipped with TRUs operating at freight facility:
Estimated daily average number of operating hours per TRU while parked at facility loading dock:
Estimated daily average number of operating hours per TRU while parked at facility parking spot:

III. PROJECT FUNDING REQUEST

Total project cost (\$):
Number of electric power plugs will be installed at loading docks: _____ Number of electric power plugs will be installed at parking spots: _____
<i>Install at least 10 or more electric power plugs that are compatible with electrically powered TRUs (e.g. all-electric, hybrid electric, or electric standby-equipped TRUs) at loading docks or parking area of freight facilities.</i>
Program dollar requested (\$): <input type="checkbox"/> Lower of 50% or \$30,000 to install 10 electric power plugs. <input type="checkbox"/> Other: _____
<i>Additional electric power plugs may be funded at the lower of 50% or \$3,000 per additional plug.</i>
Source of funds to pay for the balance of the project: <input type="checkbox"/> Private (cash/loan) <input type="checkbox"/> Local <input type="checkbox"/> Other state <input type="checkbox"/> Federal <input type="checkbox"/> Other(please specify): _____



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM E1: Cryogenic Refrigeration Fueling Infrastructure at Distribution Center

I. APPLICANT INFORMATION

Name :		
Business Name (if any):		Fleet size:
Primary Contact Name:	Email:	Phone Number:
Mailing Address:		
City:	State:	Zip Code:
Person with contract signing authority (if different than above):		Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify the grant program(s) that you applied to: _____		

II. LOCATION INFORMATION

Facility Name:
Location/Project Site Address:
Number of trucks and trailers equipped with TRU that visit the freight facility and are capable of utilizing the infrastructure and equipment:
Number of existing loading docks:
Number of existing parking spots:
Estimated daily number of truck equipped with TRUs operating at freight facility:
Estimated daily average number of operating hours per TRU while parked at facility loading dock:
Estimated daily average number of operating hours per TRU while parked at facility parking spot:

III. PROJECT FUNDING REQUEST

Total project cost (\$):
Number of diesel TRUS to be replaced with cryogenic system at loading docks: _____
Number of diesel TRUS to be replaced with cryogenic system at parking spots: _____
Program dollar requested (\$): <input type="checkbox"/> lower of 50% or \$100,000 per freight facility <input type="checkbox"/> Other: _____
<i>Eligible costs include purchase and installation of cryogenic infrastructure or equipment.</i>
<i>Ineligible costs include design, engineering consulting, environmental review, legal fees, permits, licenses and associated fees, taxes, metered cost, insurance, operation, maintenance, and repair.</i>
Source of funds to pay for the balance of the project: <input type="checkbox"/> Private (cash/loan) <input type="checkbox"/> Local <input type="checkbox"/> Other state <input type="checkbox"/> Federal <input type="checkbox"/> Other(please specify): _____



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • 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 Financial 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 9/15



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • 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

Attachment 2

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.

NAME

TITLE

TELEPHONE NUMBER

DATE

Attachment 2

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.

Attachment 2

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.

Attachment 3

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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 one 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) ▶ _____ Note. 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 <i>How to get a TIN</i> on page 3.	
Social security number [][] - [][] - [][][][]	Employer identification number [][] - [][][][][][]
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.	

Part II Certification	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. 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.	

Sign Here	Signature of U.S. person ▶	Date ▶
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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.

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

Attachment 3

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 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² 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. 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 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 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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor ³
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 ¹
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

¹List 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.
²Circle the minor's name and furnish the minor's SSN.

³You 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.

⁴List 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. 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 or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit 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.

YEAR

CALIFORNIA FORM

2015 Withholding Exemption Certificate

590

The payee completes this form and submits it to the withholding agent.

Withholding Agent (Type or print)

Name

Payee

Name

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

Address (apt./ste., room, PO Box, or PMB no.)

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

State

ZIP Code

Exemption Reason

Check only one reason box below that applies to the payee.

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.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) Telephone

Payee's signature Date

2015 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 information on California backup withholding, go to 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 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 real estate withholding.

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 certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is 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. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB.

For example, 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 non-wage 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 if it is a foreign corporation qualified to transact intrastate business by the CA SOS. 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.

Attachment 4

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 taxpayer identification number (TIN) and check the appropriate TIN box.

You must provide an acceptable 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 – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

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

Withholding Agent Instructions

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see Additional Information.

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 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at:

Telephone: **888.792.4900**

916.845.4900

Fax: 916.845.9512

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at ftb.ca.gov.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the
United States
916.845.6500 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

Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los Estados
Unidos

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



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). 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.