



Attachment A
Designation of Agent for Service of Process and
Consent to California Jurisdiction
Attach to Form 2007-1.

Mail to:
SCAQMD, RECLAIM Administration - RTC Transfers
P.O. Box 4830
Diamond Bar, CA 91765-0830

Tel: (909) 396-3119
www.aqmd.gov

INSTRUCTIONS

FILL IN ALL BLANKS, DATE AND SIGN. IF YOU ARE EXECUTING THIS FORM OUTSIDE OF THE STATE OF CALIFORNIA, DATE AND SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL LICENSED TO CERTIFY SIGNATURES IN THAT LOCATION. **ATTACH A CERTIFICATION, CONTRACT OR OTHER DOCUMENTATION PROVIDED BY YOUR DESIGNATED AGENT FOR SERVICE OF PROCESS, WHICH CONFIRMS THAT IT HAS BEEN RETAINED TO ACT AS YOUR AGENT.**

- 1. DECLARANT'S NAME: _____
 ADDRESS: _____

 COMPANY NAME: _____
 SCAQMD ID NO. (If known) _____
 DECLARANT'S TITLE: _____
 TELEPHONE: _____
 FACSIMILE: _____
 E-MAIL (optional): _____

2. I make this Declaration in support of the request by me and my company for the acceptance and approval by the South Coast Air Quality Management District ("AQMD") of our pending and/or future application for registration: RECLAIM Trading Account and Representative Registration Form (Form 2007-1), and for AQMD acceptance and registration of pending and/or future trades of RECLAIM TRADING CREDITS ("RTC") on our account.

3. I hereby certify that the following named company is licensed by the State of California to act as an agent for service of process within that State, and has been retained and appointed to act as our agent for service of process within the State of California. Attached hereto is a certification or confirmation by that company that said appointment is in full force and effect:

Name of Agent: _____
 California Address: _____

 Telephone: _____
 Facsimile: _____
 E-Mail: _____

4. I further certify that I and my company will keep the aforesaid agency agreement in effect for a period of at least four years from the date of the last prior sale or purchase of RTCs by the undersigned. I further certify that I will appoint a substitute licensed agent for service of process and notify the AQMD of such appointment in writing sent by certified mail, at least 21 days in advance of the termination of any agent for service of process required hereunder.



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- 5. It is hereby agreed and consented that, in the event of any dispute regarding any purchase or sale of RTCs by, or on behalf of, me or my company, the transaction and the resolution of any related dispute, claim or prosecution, shall be governed by the laws of the State of California.
- 6. It is hereby agreed and consented that the Superior Court of the State of California, County of Los Angeles, shall have jurisdiction over me and my company, and shall be the proper venue to try any matter relating to any sale or purchase of RTCs made by, or on behalf of, me or my company.
- 7. I am fully authorized to execute this declaration on behalf of my company.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20____, at _____*
(City, State, Country)

(Declarant Signature)

(Declarant's Name Printed)

*IF THE FOREGOING DECLARATION IS SIGNED IN A JURISDICTION OUTSIDE OF THE STATE OF CALIFORNIA, AN ACKNOWLEDGMENT, IN SUBSTANCE THE SAME AS THE FOLLOWING FORM AND LEGAL IN THAT JURISDICTION, MUST ALSO BE COMPLETED BY A NOTARY OR OTHER OFFICIAL LICENSED TO EXECUTE SUCH ACKNOWLEDGMENTS IN THAT JURISDICTION.



South Coast Air Quality Management District

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ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____)
COUNTRY _____)

On _____ before me, _____, Notary Public or _____
_____, duly licensed in this jurisdiction to execute such acknowledgments, personally
appeared _____, personally known to me (or proved to me on the basis of satisfactory
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to
me that _____ executed the same in _____ authorized
capacity(ies), and that by _____ signature(s) on the instrument the person(s), or the
entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL

Print Notary's or Official Name: _____

My Commission Expires: _____