

**FORM 23 –Sticker(s), Document(s) and/or Placard(s) Replacement Request**

<b>1. Company Name:</b>		
<b>2. <input type="checkbox"/> Replacement of Registration Sticker(s):</b> Registration Number(s): _____		
<input type="checkbox"/> <b>Replacement of Registration Document(s):</b> Registration Number(s): _____		
<input type="checkbox"/> <b>Replacement of Registration Placard(s):</b> Note: Replacement placard will include a sticker Registration Number(s): _____		
<b><u>Address Information for Delivery:</u></b> <i>Note: Provide company branch or location information for direct delivery</i>		
<b>Mail Sticker(s), Document(s) and/or Placard(s) To:</b>		
<b>Phone #:</b> _____	<b>Fax #:</b> _____	<b>E-mail (Optional):</b> _____
<b>3. Name of Responsible Party:</b>		<b>Title:</b>
<b>4. Signature:</b>		<b>Date:</b>
<b>5. Phone Number:</b>		
<p style="text-align: center;"><b>Mail your application <u>without payment</u> to:</b></p> <p style="text-align: center;">California Air Resources Board Portable Equipment Registration Program P.O. Box 2038 Sacramento, CA 95812</p> <p><b>Upon receipt of a completed application, we will provide you with an invoice for the fees due.</b></p>		

## Form 23 Instructions

This form is for replacement request(s) for stickers, documents and placards for existing registrations. Please provide the following information:

1. *Company Name* – Legal name currently on registration documents.
2. *Replacement of Registration Sticker(s)*: List the registration number(s) of the replacement sticker(s).

*Replacement of Registration Document(s)*: List the registration number(s) of the replacement document(s).

*Replacement of Registration Placard(s)*: List the registration number(s) of the replacement placards needed.

*Address Information for Delivery* – Please provide information for the following:

*Mail Sticker(s), Document(s) and/or Placard(s) To*: List the branch or location address where the replacement items need to be delivered.

*Phone #, Fax#, Email*: Provide current phone number, fax number and email (optional).

California Air Resources Board  
Portable Equipment Registration Program  
P.O. Box 2038  
Sacramento, CA 95812-2038.

- 3 - 5. *Name, Title, Signature, Date, and Phone Number of Responsible Party* - Application will not be accepted unless signed and dated.

**Upon receipt of a completed application, we will provide you with an invoice for the fees due.**

*Please note that under the California Public Records Act (Gov. Code, § 6250 et seq.), your submissions, including associated contact information (e.g., your address, phone, email, etc.) become public records and may be released to the public upon request. Personal information will be protected from disclosure as required by law, including under the Information Protection Act. (Cal. Civ. Code, § 1798, et seq.) Information that is claimed to be confidential should be submitted as provided in CARB's regulations for submitting confidential data, California Code of Regulations, title 17, section 91011.*