OFF-ROAD EXEMPTION APPLICATION FOR GENERAL CRITERIA PARTS APPENDIX A

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APPLICANT INFORMATION

N. CALL C				
Name of Applicant:				
Mailing Address:				
City:	State:	Zip Code:		
Telephone Number:				
Email Address:				
Name of Device Manufacturer (i	f different from name of applicant):			
Mailing Address:				
City:	State:	Zip Code:		
Telephone Number:				
Email Address:				
Name of Authorized Representa	tive:			
Mailing Address:				
City:	State:	Zip Code:		
Telephone Number:				
Email Address:				
California Air Resources Board (CARB) staff can assist the applicant in determining appropriate test procedures and emission standards. Provide test procedures and emission standards below:				
Test Procedures:				
Emission Standards:				
Emission standards.				

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DEVICE INCODMATION

DEVICE INFORMATION					
Device Name:					
Briefly describe the purpose of the device:					
Briefly describe the operation of the device:					
Briefly describe the oper	anon of the device.				
In the table below, list device model, vehicle name, model year, and engine displacements and					
systems that are compatible with the device.					
Device Model	Vehicle Name	Model Year	Compatible Engine		
Device Model	Venicle Name	Model Teal	Displacements and Systems		
			<u> </u>		
	CARB EVALUATIO	N REQUIREMENTS			
	is required for CARB to c				
mark next to the items en enclosed.	closed with this applicatio	n. Provide an explanation	below for items not		
-	on of the device including		<u> </u>		
electrical schematics, and other such material to assist the staff in understanding its operation.					

STATE OF CALIFORNIA CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY CALIFORNIA AIR RESOURCES BOARD

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(Optional) Copies of all advertising material to or facsimile of the packaging label.	be used in selling the device including a sample			
☐A copy of the installation and adjustment instrudevice.	uctions and drawings that will be included with the			
A facsimile or prototype of the identification plaimprinted on or near each device offered for sale is visible after the device is installed, and should	. The plate or label should be placed such that it			
a. the manufacturer's nameb. the device name and model numberc. the California Air Resources Board exempted	tion number identified as: CARB E.O. No. D-XXX.			
	• •			
☐A list of the companies or persons that will ma	nufacture the device under license.			
Provide an explanation for any items above not checked and not enclosed in this application:				
CARB may require one or more devices for testing.	Device(s) will be returned only if a return is			
requested at the time the device(s) is submitted. Do you agree to provide the device(s) free of costs?				
□Yes □No				
SIGNATURE				
I affirm that to the best of my knowledge this device shall not cause the emission into the ambient air of any noxious or toxic matter that is not emitted in the operation of such vehicle/engine/equipment without such device.				
☐ I understand that an exemption, if granted, does not constitute a certification, accreditation, approval, or any other type of endorsement by the Air Resources Board of any claims concerning alleged benefits of a device. I further understand that no claims of any kind concerning anti-pollution benefits may be made for an exempted device.				
Signature:	Date of Signature:			

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INSTRUCTIONS FOR SUBMITTING THIS FORM

Forward the completed application along with the necessary attachments to:

California Air Resources Board Chief / Aftermarket Parts Certification and Audit Branch Emissions Certification and Compliance Division 9480 Telstar Avenue, Suite 4 El Monte, California 91731

For questions regarding this form, please contact CARB's Public Information Helpline at helpline@arb.ca.gov or at (800) 242-4450.