

TRANSPORT REFRIGERATION UNIT ATCM OPERATOR REPORT FORM

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Date:	EIN:
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TRU operators may submit the Operator Report and Terminal Information via the Internet by using the Air Resources Board Equipment Registration (ARBER) website at: <http://arber.arb.ca.gov>.

INSTRUCTIONS

1. If you own TRUs you should first register the TRUs that you own with CARB to get Identification Numbers (IDN) prior to submitting an Operator Report. Non-owners of TRUs (e.g. renters or lessees) that need IDNs to legally operate in California should contact the owner of the TRU (lessor) and inform them of the IDN requirement. See TRU Advisory 08-04 for procedures related to leased/rented TRU/TRU gen sets.
2. Check the appropriate box on this form to indicate "New Operator Report" or "Revised Operator Report". Complete this form and attach Terminal Information Form(s) (TTD/FTB-034) for each California terminal that you operate. All information is required, except as noted. Number each page of your application package. Fill in the boxes below company profile information section for the "Number of Terminal Information Forms Submitted" and "Total number of pages."
3. If you registered TRUs to get CARB Identification Numbers for the TRUs that you own, you were issued an Owner-Operator Number (OON). If you have an OON:
 - a. Enter your OON in the box provided.
 - b. Provide your Business name and federal tax ID number (EIN for U.S. companies, BN for Canadian, RFC for Mexican).
 - c. You may skip filling out the rest of the company profile information on this form (#33)
 - d. Fill out the Terminal Information Form(s).

NOTES:

1. Facilities that do not own or operate the TRUs that come to their facility do not need to submit an Operator Report and Terminal Information Form.
2. If you are a TRU operator that does not own TRUs (and you do not have an OON), you will be mailed an OON with a confirmation copy of your registration information. If you wish to access this information online, call CARB's toll-free Helpline and ask for the ARBER Administrator. Save and use your OON in the future if you submit Operator Report or Terminal Information updates.
3. Updates are required within 30 days of a change in any of the information submitted in your Operator Report or Terminal Information forms.

MAIL COMPLETED FORMS TO:

California Air Resources Board
TTD/ARBER TRU
1001 I Street
Sacramento, CA 95814.

If you have a disability -related accommodation need, go to <http://www.arb.ca.gov/html/ada/ada.htm> or call the CARB disability coordinator at (916) 323-4916 for assistance. For general assistance on the requirements of the TRU ATCM, contact the TRU toll-free helpline at 888-TRU-ATCM.

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Report Type:

New Operator Report

Revised Operator

COMPANY PROFILE INFORMATION

Owner-Operator Number (OON):	Business Name:
Federal Tax Identification Number (EIN):	Mailing Address 1:
Mailing Address 2:	City/ State/ Zip Code:
Country:	Contact Phone:
Contact Name (First, Last, M.I.):	Contact Title:
Contact Email:	

NOTE: An EIN is required and can be obtained online with a social security number www.irs.gov.

SIGNATURE

Check box to certify under penalty of perjury under the laws of the State of California, that:

1. I am the operator (as defined in the TRU ATCM) of the terminal(s) identified in this application.
2. The information on this form is true and correct.

Printed Name:	
Signature:	Date Signed:

NOTE: Keep a copy of this form for your records.