STATE OF CALIFORNIA CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY CALIFORNIA AIR RESOURCES BOARD

TRANSPORT REFRIGERATION UNIT COMPLIANCE EXTENSION APPLICATION BASED ON DELAYS DUE TO MANUFACTURE, INSTALLER, OR FINANCING

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Business Name:

APPLICANT INFORMATION

Mailing Address:		
City:	State:	Zip Code:
Contact Name:		
Contact Telephone Number:		
Contact Email Address:		
Date(s) you began researchi	ng compliance option	ions:
Date you decided which con	npliance option to us	ise:
Date you began arranging fi	nancing:	
Date order was placed for co	ompliance equipmer	nt:
Estimated date of installation	n of equipment:	
RE/	ASON FOR DELAY ((check all that apply):
checked, you must attach a cop	by of the purchase ord supplier that provides	t has not been received: If this reason is der that includes the date that the order was the original estimated delivery date and the
checked, you must attach a cop and the date the equipment was	by of the purchase ord s (or will be) received	d received, but not installed: If this reason is der that includes the date the order was placed d. You must also attach a statement by the tion date and the installation schedule updated
alid reason for delay if financir	ng has been denied. If titution that explains t	essing the financing application: This is not a lf this reason has been checked, you must attach the reason for the delayed processing and an ed.

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Other circumstances: If this reason is checked, you must provide a detailed explanation of the circumstances that are causing a delay in compliance and attach supporting documentation

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that demonstrates good-faith steps were taken-in a taking into account delivery, installation, holiday, armust include dates and contact information for each	nd year-end lead times. This documentation		
TRU IDENTIFICATION:			
CARB IDN NUMBER	TRU SERIAL NUMBER		
CERTIFICATION			
☐ I certify under penalty of perjury under the laws of the State of California the information provided is true, accurate, and complete. Mailed applications must include a signature. Emailed applications require the applicant to type their name in the signature box below, which has the same legal effect.			
Owner's Name:			
Owner's Signature:			
Date of Signature:			

INFORMATION

The application and supporting documents can be electronically delivered by email to: arber@arb.ca.gov

The application and supporting documents can be mailed to:

California Air Resources Board Transportation & Toxics Division (TRU) P.O. Box 2815 Sacramento, CA 95812

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INSTRUCTIONS FOR COMPLETING THIS FORM

APPLICANT INFORMATION

Business Name: Legal name of the business applying for the TRU Compliance Extension.

Mailing Address: The complete mailing address of the business applying for the TRU Compliance Extension, including the city, state, and zip code.

Contact Name: Name of contact person for the business named.

Contact Telephone Number: Best telephone number for the contact person.

Contact Email Address: Email address for the contact person named above.

Date you began researching compliance options: The date you began researching compliance options for in-use performance standards.

Date you decided which compliance option to use: Enter the date you decided which compliance option to use for in-use performance standards.

Date you began arranging financing: Enter the date you began arranging financing for the compliance equipment.

Date order was placed for compliance equipment: Enter the date the order was placed for the compliance equipment.

Estimated date of installation equipment: Enter the estimated date of installation for the compliance equipment.

REASON FOR DELAY

From the options provided, select the reason for the delay in compliance.

TRU IDENTIFICATION

Complete the table providing the CARB Identification Number and the TRU serial number.

CERTIFICATION

Owner's Name: Enter the Legal first and last name of the business owner.

Owner's Signature: Signature of the business owner named in this application.

Date of Signature: Enter the date of signature.