

**TRANSPORT REFRIGERATION UNIT AIRBORNE TOXIC CONTROL MEASURE
THIRD PARTY AGREEMENT CONFIRMATION FORM FOR LEASED UNITS**

TTD/FTB-028 (REV. 08/2022) PAGE 1 OF 3

INFORMATION

This form may be used by an owner (lessor) that conveys the use of their Transport Refrigeration Unit (TRU) and TRU generator sets (gen set) by lease agreement to an operator (lessee), to delegate compliance responsibilities under the Airborne Toxic Control Measure (ATCM) to the lessee. Compliance and reporting requirements are defined in the California Air Resources Board (CARB) TRU ATCM (Title 13, California Code of Regulations, section 2477). Note: "Owner" is defined in the TRU ATCM and excludes banks and financial institutions.

Owners/operators of TRUs and TRU gen sets operating in California are subject to requirements under the TRU ATCM.

Owners (lessor) may delegate (entrust by contract to another party to act on the owner's behalf without forfeiture of any rights or property) to a third party (lessee) the responsibilities for compliance under the TRU ATCM if the lease or rental contract is for a period of one year or longer. The allocation of compliance responsibilities under the TRU ATCM should be specified in the contractual agreement for the TRU or TRU gen set. For purposes of enforcement, if a TRU or TRU gen set is cited for non-compliance with the TRU ATCM and neither the owner nor the operator can produce evidence of the party responsible for compliance with State laws, then the owner of the TRU or TRU gen set in violation shall be liable for any non-compliance.

INSTRUCTIONS:

1. Complete sections A, B, and C (below) and obtain the responsible official's signature. A federal tax identification number (EIN) is required for each party involved in the delegation of responsibility.
2. Submit this form to CARB by mail, or email and retain a copy for your records.
3. Provide a copy of this form to the delegated third party (lessee).

By signing this form, the lessor agrees to the terms and conditions set forth above. If the lessor chooses to sever this agreement, he/she must contact CARB directly.

Send a copy of the completed and signed form by mail or scanned PDF to the following:

MAIL:

California Air Resources Board
Transportation & Toxics Division (TRU)
P.O. Box 2815
Sacramento, California 958124

EMAIL: ARB@arb.ca.gov

**TRANSPORT REFRIGERATION UNIT AIRBORNE TOXIC CONTROL MEASURE
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A. PROVIDE UNIQUE IDENTIFICATION NUMBERS FOR EACH PIECE OF EQUIPMENT

Each row is a separate piece of equipment. Additional equipment may be added to a separate sheet.

Item	Unique Company	Vehicle License	Vehicle Identification Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

TOTAL NUMBER OF TRU AND TRU GEN SETS LISTED WITH THIS AGREEMENT:

B. OWNER OF EQUIPMENT (LESSOR)

Name of Company:		EIN:	
Address:			
City:		State:	Zip Code:
Name (Last, First, M.I.) of Contact Person:			
Email Address:		Contact Person 10-digit Telephone Number:	

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TTD/FTB-028 (REV. 082022) PAGE 3 OF 3

C. DELEGATED THIRD PARTY (LESSEE)

Name of Company:		EIN:	
Address:			
City:	State:	Zip Code:	
Name (Last, First, M.I.) of Contact Person:			
Email Address:		Contact Person 10-digit Telephone Number:	

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information on this document is true and correct, and that the lessee has been provided a copy of this signed agreement confirmation form.

Printed Name of Responsible Official ¹ :	
Signature of Responsible Official:	Date of Signature:

¹Responsible Officials are the individuals employed or otherwise retained by the lessor that has authority to certify the legal agreement described above is in effect and the responsibilities for compliance with the TRU ATCM are delegated to the lessee.