

TRANSPORT REFRIGERATION UNIT ATCM EQUIPMENT REGISTRATION FORM

Date:

<input type="checkbox"/> New application	<input type="checkbox"/> Revised Unit/ Compliance Information	<input type="checkbox"/> Report Sale/ Change in Status
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COMPANY PROFILE INFORMATION

Business Name:	Federal Tax Identification Number (EIN):
Mailing Address 1:	Mailing Address 2:
City:	State
Zip Code:	Country:
Contact Telephone Number:	Contact Name (First, Last):
Contact Title:	Contact Email Address:

ZERO-EMISSION INFRASTRUCTURE INFORMATION

Street Address:	City:
State:	Zip Code:
Number of zero-emission fuel connections:	Type(s) of zero-emission fuel connectors:

If storing fuel onsite, complete the information below:

Number of storage tanks:	Capacity of each storage tank:
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If storing electricity onsite, complete the information below:

Number of batteries:	Capacity of each battery (in kWh):
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If generating electricity onsite, complete the information below:

Number of generators:	Output of each generator (in kW):
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If generating electricity (solar) onsite, complete the information below:

Number of solar panels:	kW rating of each solar panel:
Expected annual power generation (kWh):	

For hydrogen fuel cells, complete the information below:

Number of fuel cells:	kW rating of each fuel cell:
Expected annual power generation (kWh):	

Instructions: Complete this form and attach a TRU Model-Engine-Compliance Information Form for each TRU/TRU genset for which you would like to receive a CARB Identification Number (IDN). Number each page of your application package. For general assistance on the requirements of the TRU ATCM, contact the TRU toll-free helpline at 888-TRU-ATCM or email arber@arb.ca.gov.

Number of IDN applications submitted with this form:
Total number of pages in this application:

SIGNATURES

<input type="checkbox"/> Check box to certify under penalty of perjury under the laws of the State of California, that: 1. I am the owner (as defined in the TRU ATCM) of the equipment identified in this application or I am the contractor listed on the Third Party Agreement Confirmation Form for Contractors/Consultants that was submitted to CARB by the owner. 2. The information on this form is true and correct.	
Printed Name:	
Signature:	Date Signed:

The completed application can be electronically delivered by email to: Arber@arb.ca.gov

The completed application can be mailed to:

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