

THIRD PARTY AGREEMENT CONFIRMATION FORM

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TRANSPORT REFRIGERATION UNIT AIRBORNE TOXIC CONTROL MEASURE

This form may be used by a transport refrigeration unit (TRU) or TRU generator set (gen set) owner to delegate the TRU Airborne Toxic Control Measure (ATCM) responsibilities for equipment reporting to a third party contractor or consultant. Compliance and reporting requirements are defined in the California Air Resources Board (CARB) TRU ATCM (Title 13, California Code of Regulations, section 2477). Delegation of the responsibility for reporting does not release the owner of the equipment from any of the responsibilities of ownership as defined in the TRU ATCM. The owner is expected to ensure that their equipment is in compliance and that compliance information has been properly conveyed to CARB by the third party. The third party (contractor/consultant) shall submit to the owner a copy of the CARB Equipment Registration (ARBER) TRU Registration Confirmation. (Note: "Owner" is defined in the TRU ATCM and excludes banks and financial institutions).

Owners/operators of TRUs and TRU gen sets that operate in California are required to apply for CARB Identification Numbers (IDN). Owners may delegate to a third party (contractor/consultant) the responsibilities for IDN application submittal. Only one party can be delegated responsibility for IDN application per this confirmation form.

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 (contractor/consultant).

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

NOTE: Responsible Officials are the individuals employed or otherwise retained by the owner that has authority to certify the legal agreement described above is in effect and the responsible for compliance with the TRU ATCM are delegated to the third party contractor/consultant.

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, CA 95812

EMAIL: ARBER@arb.ca.gov

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PART I: PROVIDE UNIQUE IDENTIFICATION NUMBERS FOR EACH PIECE OF EQUIPMENT

ITEM	UNIQUE COMPANY EQUIPMENT NUMBER	VEHICLE LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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

Total Number of TRU And TRU Gen Sets Listed With This Agreement:
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PART II: OWNER OF EQUIPMENT

Name of Company:	EIN:
Address:	City/State/Zip:
Name(last, first, m.i.) of Contact Person:	Contact Person Telephone Number:
Email Address:	

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PART III: DELEGATED THIRD PARTY (CONTRACTOR/CONSULTANT)

Name of Company:	EIN:
Address:	City/State/Zip:
Name of Contact Person:	Contact Person Telephone Number:
Email Address:	

PART IV: 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 third party contractor/ consultant has been provided a copy of this signed agreement confirmation form.

Printed Name of Equipment Owner:	
Signature of Equipment Owner:	Date: