

Appendix J

Large Entity Reporting Sample Response

Introduction

The purpose of this appendix is to provide an example of how a regulated entity can submit information to comply with the Large Entity Reporting Requirement. These example forms illustrate how a company might provide their general reporting information about their facility and vehicle operations but is not intended to represent the final format to be used.

Example Section A shows the general entity information

Example Section B shows information about grouped facility information

Example Section C is a list of facility addresses by facility category

Example Section D shows information collected for a representative facility

Example Section E shows vehicle information at one facility location

Facility categories include:

- Administrative/Office Building
- Distribution Center/Warehouse
- Hotel/Motel/Resort
- Manufacturer/Factory/Plant
- Medical/Hospital/Care
- Multi-Building Campus/Base
- Restaurant
- Service Center
- Store
- Truck/Equipment Yard
- Any Other Facility Type

This example is for a fictitious **California Restaurant Inc.** that operates 20 restaurants, 2 distribution centers, 2 administrative buildings, and 5 other properties that do not fit any of the facility categories.

- For the 5 facilities in the “Any Other Facility Type” category the respondent uses best judgement to determine that a parking garage is the most common or otherwise typical within the category, and picks it to complete Section C for that category.
- There are four facilities where light-duty, or medium or heavy duty vehicles they own are assigned or domiciled; therefore, information will need to be reported for all four locations. In this example only the first location is shown.

Example Section A – General Entity Information

1. Entity name:	California Restaurant Inc.
2. Mailing address including street name, city, and ZIP code:	1001 Fake Street, Fake City, California 95630
3. Designated contact person name:	Jane Doe
4. Designated contact person's email address:	janedoe@example.com
5. Designated contact person's phone number:	(123) 456-7890
6. Corporate parent name or governing body (if applicable):	N/A
7. For government entities, identify the jurisdiction (federal, state, or local)	N/A
8. TRUCRS ID (if applicable):	105958
9. Taxpayer identification number (if applicable):	12-3456789
10. Primary six digit NAICS code (if applicable)	722513
11. For non-government agencies, identify the total annual revenue in 2020. (< \$10, \$10-\$49, \$50-\$99, \$100-\$499, \$500-\$999, >\$1,000)	\$50-\$99
12. Identify the operating authority numbers, if applicable:	CA 111111
13. Identify the number of subcontractors with whom you had a one year or longer contract to perform work in California in 2020 to serve your customers. (Does not apply, 1-10, 11-20, 20-50, or more than 50 subcontractors).	Does not apply
14. If your entity is a motor carrier identify the following for the year 2020: (A) The number of subhaulers you contracted with in California. (Does not apply, 1-10 subhaulers, 11-20 subhaulers, 20-50 subhaulers, or more than 50 subhaulers).	Does not apply
(B) Estimated number of vehicles operated by your subhaulers on your behalf in California. (Does not apply, 1-10, 11-20, 20-99, 100-500, or more than 500).	Does not apply
(C) The number of vehicles operated by subhaulers that operated under your authority in California (Does not apply, 1-10, 11-20, 20-99, 100-500, or more than 500)	Does not apply
15. Identify whether your entity has a written sustainability plan to reduce your carbon footprint. (Yes, No, Does not apply).	No
16. Identify whether your entity's sustainability plan includes	

transportation emission reduction goals. (Yes, No, Does not apply).	No
17. Total number of vehicles your entity owns or operates in California that are domiciled or assigned to a facility you operate in California.	355
18. Number of vehicles your entity operates in California and are not Domiciled not assigned to any California facility.	0

Example Section B – Grouped Facility Information

For questions 1 to 10 enter the number of facilities in response to each question.

	Grouped Facility Information	Restaurant	Distribution Center/Warehouse	Administrative/Office Building	Any Other Facility Type
1	How many are located in California?	20	2	2	5
2	How many have dock-height loading bays?	0	2	0	0
3	How many have cold storage rooms?	20	2	0	0
4	How many have electric vehicle supply equipment or electric vehicle charging stations available for public use?	0	1	1	0
5	How many have electric vehicle supply equipment or electric vehicle charging stations available for employee or private use?	0	1	1	0
6	How many are on properties shared with other tenants?	10	0	1	0
7	How many are owned by your entity or are owned by the corporate parent on your behalf?	20	2	0	1
8	How many have shuttle van or bus service provided by your entity or corporate parent on your behalf to or from the facility?	0	0	1	1
9	How many have light-duty vehicles assigned or domiciled at the facility?	0	2	2	0
10	How many have trucks, vans, or buses, excluding light-duty vehicles, assigned to or domiciled at the facility?	0	2	1	0

For questions 11 to 18, identify how the following types of truck transportation shipping needs are typically met for each facility category that applies. (Vehicles your entity owns, >1 Yr Contract, Both, N/A).

	Grouped Facility Information	Restaurant	Distribution Center/Warehouse	Administrative/ Office Building	Any Other Facility Type
11	How are items shipped from the facility to locations outside of California?	N/A	N/A	N/A	N/A
12	How are items shipped into the facility from locations outside of California?	N/A	>1 Yr Contract	N/A	N/A
13	How are items shipped from facility to California port or rail locations?	N/A	N/A	N/A	N/A
14	How are items shipped into the facility from California port or rail locations?	N/A	N/A	N/A	N/A
15	How are items shipped into the facility from California warehouse or distribution center locations owned or leased by the entity?	Both	Vehicles your entity owns	Vehicles your entity owns	N/A
16	How are items shipped into the facility from California non-warehouse locations owned or leased by the entity?	>1 Yr Contract	Vehicles your entity owns	N/A	N/A
17	How are items shipped from the facility to residential locations?	N/A	N/A	N/A	N/A
18	How are items shipped from the facility to non-residential locations?	N/A	N/A	N/A	N/A

For questions 19 to 27, answer how your company uses services that are managed with contracts of one year or more.
 (Managed at the facility, Managed centrally/Not at facility, Both , N/A).

	Grouped Facility Information	Restaurant	Distribution Center/Warehouse	Administrative/Office Building	Any Other Facility Type
19	For linen or uniform delivery to or from these facilities.	Managed at the facility	N/A	N/A	N/A
20	For parcel delivery to or from these facilities.	Managed at the facility	N/A	Managed at the facility	N/A
21	For maintenance or repair of the facilities.	Managed at the facility	Managed at the facility	Managed at the facility	N/A
22	For passenger shuttle bus service to/from the facilities.	N/A	N/A	Managed at the facility	Managed at the facility
23	For armored cash transport service to/from the facilities.	Managed at the facility	N/A	Managed at the facility	N/A
24	With suppliers to deliver food items (non-refrigerated) to the facilities.	Managed centrally/not at facility	Managed centrally/not at facility	Managed centrally/not at facility	N/A
25	With suppliers to deliver food items (refrigerated) to the facilities.	Managed centrally/not at facility	Managed centrally/not at facility	Managed centrally/not at facility	N/A
26	With suppliers to deliver non-food items to your facilities.	Managed centrally/not at facility	Managed centrally/not at facility	Managed centrally/not at facility	N/A
27	For waste collection or removal from your facilities.	Managed centrally/not at facility	Managed at the facility	Both	N/A

Example Section C – List of facility addresses by category

Provide a single physical address and facility category for each facility you operated in California in 2020. For facilities with multiple locations, select the physical address that best represents the location of each facility.

Physical Address	Facility Category
1234 1st Street, City, State, ZIP code	Restaurant
5789 2nd Street, City, State, ZIP code	Restaurant
5698 3rd Street, City, State, ZIP code	Restaurant
4567 4th Street, City, State, ZIP code	Restaurant
8911 5th Street, City, State, ZIP code	Restaurant
5579 6th Street, City, State, ZIP code	Restaurant
4984 7th Street, City, State, ZIP code	Restaurant
7678 8th Street, City, State, ZIP code	Restaurant
1111 9th Street, City, State, ZIP code	Restaurant
1112 10th Street, City, State, ZIP code	Restaurant
1113 11th Street, City, State, ZIP code	Restaurant
1114 12th Street, City, State, ZIP code	Restaurant
2221 13th Street, City, State, ZIP code	Restaurant
2222 14th Street, City, State, ZIP code	Restaurant
3333 15th Street, City, State, ZIP code	Restaurant
4444 16th Street, City, State, ZIP code	Restaurant
5555 17th Street, City, State, ZIP code	Restaurant
6666 18th Street, City, State, ZIP code	Restaurant
7777 19th Street, City, State, ZIP code	Restaurant
8888 20th Street, City, State, ZIP code	Restaurant
9999 21st Street, City, State, ZIP code	Distribution Center/Warehouse
3456 22nd Street, City, State, ZIP code	Distribution Center/Warehouse
8654 23rd Street, City, State, ZIP code	Any Other Facility Type
9000 24th Street, City, State, ZIP code	Any Other Facility Type
8000 25th Street, City, State, ZIP code	Any Other Facility Type
7000 24th Street, City, State, ZIP code	Any Other Facility Type
6000 23rd Street, City, State, ZIP code	Any Other Facility Type

Example Section D – Representative Facility

	Complete this section for a single representative facility for each category that applies to your entity.	Restaurant	Distribution Center/Warehouse	Administrative/ Office Building	Any Other Facility Type
1	Contact person: Name, email address, phone number	Rick Sanchez ricks@example.com (555) 555-5555	Kayla Connor kaylac@example.com (555) 555-5555	Corey Rogers coreyr@example.com (555) 555-5555	Maria Gomez mariag@example.com (555) 555-5555
2	What is the location of the representative facility for each category? (Street name, City, ZIP code)	1st Street, Sacramento, 95825	2nd Street, Davis, 95616	3rd Street, Salida, 95367	4th Street, Chico, 95928
3	What is the total approximate building square footage? Respond in units of square feet rounded to the nearest two significant figures.	11,000	25,000	15,000	11,000
4	How many dock-height loading bays at this facility?	0	3	0	0
5	What is the square footage of cold storage rooms? Respond in units of square feet rounded to the nearest two significant figures.	11,000	11,000	11,000	0
6	Provide a short description of the representative facility and its primary function or purpose.	Chicken sit-down restaurant	Warehouse for receiving and delivering food and beverages to restaurants	California headquarters	Parking garage

Estimate number of vehicle trips excluding light-duty vehicles to the representative facility in a typical week. (N/A, 1-10, 11-20, 20-99, 100-500, >500).

Grouped Facility Information		Restaurant	Distribution Center/Warehouse	Administrative/Office Building	Any Other Facility Type
7	Linen or uniform cleaning service trucks	11-20	N/A	N/A	N/A
8	Parcel delivery vans or trucks	1-10	N/A	11-20	N/A
9	Armored cash transport trucks	1-10	N/A	1-10	N/A
10	Food or beverage delivery (non-refrigerated) - Van or straight truck	1-10	11-20	1-10	N/A
11	Food or beverage delivery (refrigerated) - Van or straight truck	1-10	11-20	1-10	N/A
12	Non-food delivery - Van or straight truck	1-10	11-20	1-10	N/A
13	Food or beverage delivery (non-refrigerated) - Tractor Trailer	N/A	20-99	N/A	N/A
14	Food or beverage delivery (refrigerated) - Tractor Trailer	N/A	20-99	N/A	N/A
15	Non-food delivery - Tractor Trailer	N/A	20-99	N/A	N/A
16	All other supplies, tools, equipment (non-goods)	1-10	11-20	1-10	N/A

How many different suppliers shipped items to the representative facility in 2020? (N/A, 1-10, 11-20, >20).

	Grouped Facility Information	Restaurant	Distribution Center/Warehouse	Administrative/ Office Building	Any Other Facility Type
17	Food or beverage delivery	1-10	>20	1-10	N/A
18	Linen/uniform cleaning service	11-10	N/A	N/A	N/A
19	Goods delivery excluding food or beverage	11-10	11-20	1-10	N/A
20	All other supplies, tools, equipment (non-goods)	11-10	1-10	1-10	N/A

Example Form E – Vehicle Usage by Facility for each Location (Example for Location #1)

1. Facility Address	1234 Main Street, Main Town, 95616
2. Facility Type Category:	Distribution Center, Warehouse
3. Contact Person Name:	Jane Doe
4. Contact Person Email Address:	Janedoe@example.com
5. Do you own or lease this facility?	Own
6. Identify what type of fueling/charging infrastructure is installed at this location.	Diesel, Gasoline, Natural Gas
7. Identify which fueling infrastructure was initially installed less than 10 years ago.	N/A
8. If you have Class 8 tractors select what types of trailers you pull?	Van-dry, Van-reefer

For the next part, group vehicles by body type, fuel type, and the following weight classes (Light-duty, Class 2B-3, Class 4-6, Class 7-8). For items 6-22 estimate the percentage of vehicles in each group that fit the description. Round estimates to the nearest 10%.

22. Average annual mileage	20k	20k	50k	30k	10k
21. Is equipped with all-wheel drive	0%	0%	0%	0%	0%
20. Is dispatched to support an emergency operation	0%	0%	0%	0%	0%
19. Is regularly parked at the facility more than 8	100%	100%	50%	50%	100%
18. Is not registered in California	0%	0%	0%	0%	0%
17. Commonly operates at their weight limit	0%	0%	20%	20%	0%
16. Tows a trailer more than 100 miles daily	0%	0%	100%	100%	10%
15. Stay within 50 miles of this site on a given day	80%	80%	10%	10%	80%
14. Has onboard GPS or mileage tracking	0%	0%	100%	100%	100%
13. Returns to facility daily	100%	100%	50%	50%	100%
12. Fuel on-site as the primary means of fueling	100%	100%	70%	100%	20%
11. Has predictable usage pattern	100%	100%	70%	100%	0%
10. >300 miles daily	0%	0%	0%	0%	0%
9. 201-300 miles daily	0%	0%	40%	10%	0%
8. 151-200 miles daily	10%	0%	0%	20%	0%
7. 100-150 miles daily	20%	10%	30%	60%	10%
6. <100 miles daily	70%	90%	30%	10%	90%
5. How many years vehicles are kept after	16-20	16-20	11-15	11-15	11-15
4. Number of vehicles	50	35	20	10	10
3. Fuel Type	Dsl	Gas	Dsl	CNG	Gas
2. Weight class bin	4-6	4-6	7-8	7-8	LDV
1. Vehicle body type	Box Reefer	Box Reefer	Tractor Day Cab	Tractor Day Cab	Pickup