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| ***24580 Silver Cloud CourtMonterey, CA 93940PHONE: (831) 647-9411*** ***Serving Monterey, San Benito, and Santa Cruz Counties*** |
| **APPLICATION FOR EMISSION REDUCTION CREDITS** |
| This application must be filled out completely. Emission reductions proposed to be transferred must meet the requirements of District [Rule 215.](http://www.arb.ca.gov/DRDB/MBU/CURHTML/R215.PDF)Fees must be paid by check, money order or credit cards. Credit cards are only accepted through our website via <https://www.mbard.org/payments>. |
| **1. APPLICANT INFORMATION:** |
| **2. LEGAL NAME OF APPLICANT:** |
| **3. BUSINESS MAILING ADDRESS:**  |
| Phone number: ( ) | Cell number: ( ) |
| Email address: |
| **4. CONTACT PERSON AND TITLE:** |
| City:  | State: | Zip Code: |
| **5. BILLING CONTACT INFORMATION:** Please provide billing contact information for future invoicing. MBARD will annually send an invoice to maintain the emission reduction credits active. |
| Business/organization/person name: |
| Phone Number: |
| Address: | E-mail Address: |
| City | State: | Zip Code: |
|  | Pursuant to the provisions of the Health and Safety Code of the State of California and the Rules and Regulations of the Air Pollution Control District, application is hereby made to register emission reductions. Attach a letter describing the how the proposed emission reduction was achieved, when the reduction occurred, the amount and method of quantifying each pollutant reduced, operating logs, surrender of permit for the equipment that is subject to the ERC application. |
|  | I hereby request that the Monterey Bay Air Resources District begin processing this application. I agree to pay any and all fees required by District rules for processing this application and for the transfer of any emission reduction credits. I agree that the obligation to compensate the District for time spent processing my application exists even if I abandon the project and withdraw my application or should my application subsequently be disapproved. |
| Signature of Responsible Official, Partner, or Sole Proprietor of Organization: |
| Print Name and Official Title of Person Signing This Application |
| Name: | Title: | Date: |

Updated 01/23/24