

Statewide Portable Equipment Registration Program

FORM 8 – Administrative Actions for Existing Registrations

(Auto-fill format. Use "Tab" or up/down arrows to enter information)

Company Name: _____		
1. <input type="checkbox"/> Correction to Registration Information: (\$45 each registration) Registration numbers(s): _____		
Describe Correction Request: _____		
2. <input type="checkbox"/> Replacement of <u>Existing</u> Registration Document(s): (\$45 each) Registration numbers(s): _____		
3. <input type="checkbox"/> Replacement of Registration Sticker(s): (\$30 each) Registration Number(s): _____		
4. <input type="checkbox"/> Replacement of Registration Placard(s): (\$30 each) Registration Number(s): _____		
Note: the replacement placard will include a free sticker to go on the placard.		
5. Change to Company Information: (no fee required unless new documents are requested -- \$45 each registration)		
Note: Use this form only for a change of company name, <u>not a change of ownership</u> .		
<input type="checkbox"/> Update all applications for this company which contain the same outdated information or,		
<input type="checkbox"/> Update only these application numbers: _____		
<input type="checkbox"/> New Company Name: _____		
<input type="checkbox"/> New Mailing Address: _____		
<input type="checkbox"/> New Street Address: _____		
<input type="checkbox"/> New Phone #: _____ Fax #: _____ e-mail: _____		
<input type="checkbox"/> New Nature of Business: _____		
<input type="checkbox"/> New Company Responsible Party - list name and title: _____		
6. Registration Cancellation: (no fee required) Registration Number(s): _____		
Reason for cancellation:		
<input type="checkbox"/> Unit(s) sold		
Note: Registration will not be valid until a change of ownership application is submitted by the new owner.		
<input type="checkbox"/> Unit(s) no longer in service		
<input type="checkbox"/> Other _____		
7. Name of Responsible Party: _____		Title: _____
8. Signature of Responsible Party: _____		Date: _____
9. Check Payable/Mail To: ARB / PERP Air Resources Board P.O. Box 2038 Sacramento, CA 95812	OR Bill to Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Credit Card No. _____ Expiration Date _____

(FORM 8)

NOTE: This form is for making administrative changes to an existing application and/or registration and for requesting replacement documents, stickers, or placards for an existing registration. If the change will affect the operating conditions for the engine or equipment unit, submit the change as a modification using Form 7.

Company Name – Legal name currently on registration(s).

1. *Correction to Registration Documents(s): (\$45/each registration)*

A complete document set for each registration consists of a registration certificate and operating conditions. Check this box if information on your registration documents is incorrect. List the registration number of the applicable engine or equipment unit and provide the corrected information in the appropriate space. If more space is needed to include more registrations, attach an extra sheet.

2. *Replacement of Existing Registration Documents(s): (\$45/each registration)*

A complete document set for each registration consists of a registration certificate and operating conditions. Check this box if you are requesting replacement copies of current, existing registration documents.

3 - 4. *Replacement of Registration Sticker(s) or Placard(s): (\$30/each)*

List the registration number(s) for the sticker(s) or green metal placard(s) to be replaced.

5. *Update to General Company Information (no fee required unless new documents are requested)*

If you are updating a company name and/or mailing address, and wish to obtain an updated copy of the registration certificate(s) at this time, include a payment of \$45 per registration. If you do not need updated documents at this time, no fee is required and future renewal registrations will automatically reflect the updated information.

If the change applies to all applications with your company name, check the first box and all applications with the same outdated information will be updated. If you are updating company information that will apply to only selected application files, list the application number(s).

New Company Name – Check this box and list the new legal name of the entity, business, organization, agency, or private individual that operates the equipment. Do not use Form 8 to request a change of ownership for an existing registration. To apply for a change of ownership, submit Form 7, *Modification to an Existing Registration*.

New Mailing Address – Check this box and list the address where all business correspondence is to be mailed.

New Street Address – If the location where equipment is stored when not operated needs to be updated, check this box and list the new address information.

New Nature of Business – If the type of business conducted by the entity has changed and the application needs to be updated, check this box and list the applicable information.

New Responsible Official – Check this box if the responsible party has changed. List the name and title of new responsible official.

6. *Registration Cancellation(s): (no fee)*

Registration number(s) – List the registration number(s) of the units you wish to cancel registration.

Reason – Check the appropriate box that indicates the reason for the cancellation of the registration.

7. *Printed Name of Responsible Official* - Printed or typed name and official title of person signing and dating form.

8. *Signature of Responsible Official with Date* - Application will not be accepted unless signed and dated.

9. *Payment and Mailing Information* – Payment may be by check or credit card.