

Non-Toxic Dry Cleaning Incentive Program Grant Application

QUESTIONS AND ASSISTANCE

Thank you for taking the time to complete this grant application. If you have any questions about the grant application or need assistance in completing the application, please feel free to contact:

Sonia Villalobos
Phone: (916) 327-5983, E mail: svillalo@arb.ca.gov

Please return the completed application and mail to:

Attention: SSD Dry Cleaning Incentive Program
California Air Resources Board
P. O. Box 2815
Sacramento, CA 95812

1. COMPANY INFORMATION (do not include personal residential address)

Facility Owner's Legal Name _____

Facility Name _____

Facility Address _____

City _____ County _____ State **CA** Zip Code _____

Federal Employer Identification Number (FEIN) _____ Or Social Security Number _____

Contact Person _____

Business Phone No. () - _____ Cell No. () - _____

Contact E mail Address _____

2. EXISTING PERC MACHINE INFORMATION

What other types of dry cleaning machines currently do you have in your facility? _____

What year did you purchase your perc machine? _____ Don't know []

Did you buy it new or used? New [] Used [] How many perc machines do you have in your facility? _____

Machine Brand _____ Model _____ Rated Capacity _____ pounds

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Local Air District Permit No. _____ Expiration Date _____

Local Air District Name _____

3. REPLACEMENT OF MACHINE INFORMATION

Which one of the following non-toxic and non-smog forming cleaning technologies are you planning to purchase to replace your existing perc machine?

Machine Type: Professional Wet Cleaning System [] Green Jet Cleaning System [] Green D2D System []
Cold Water Cleaning System [] Carbon Dioxide (CO₂) Cleaning System []

Have you already replaced your perc machine with one of the above? Yes [] No [] If yes, date _____

I hereby certify that all information contained herein is true and correct and I understand may be subject to release under the California Public Records Act.

Type or print company owner's name

Owner's Signature

Date Signed