



#2 Account Application with Attestations

Print this form (page) using your browser print function. After printing, you should close this window/tab (not your browser) to return to the CITSS application where you can select the print windows for the Account Application Checklist, Account Application Form, and the Corporate Associations Form.

CITSS Entity ID: _____

This form shows the information you have entered to complete account registration in the CITSS and includes the attestation page for the PAR, each AAR, and a Director or Officer of your Entity. You must print and mail the Account Application Checklist, the completed Account Application with Attestations Form, and the Corporate Associations and Structure Form to the Jurisdiction Registrar. You must provide original signatures of the PAR, each AAR, and a Director or Officer of your Entity on this Account Application with Attestations Form. If the information provided is inaccurate or incomplete, or the Jurisdiction Registrar cannot verify receipt of all hard copy documents, the account application will be denied.

Upon review of the submitted materials, the Jurisdiction Registrar will send an email to the PAR and AARs registered in the CITSS notifying them of approval, denial, or pending status of the account application. After receiving approval from the Jurisdiction Registrar, the PAR and AARs will be able to access the compliance instrument account(s).

Section 1.0 CITSS Account Application Information

CITSS Entity ID
Legal Name
Operating Name
Jurisdiction
Entity Type
Entity Status
Created by
Date Created

Entity Identification

U.S. Federal Tax Employer Identification Number (EIN)
ID Number Assigned by Incorporating Agency
Incorporation Province or State
Incorporation Country
Date of Incorporation Å

Physical Address

Address Line 1
Address Line 2
City
Province or State
Postcode or Zip Code
Country

Mailing Address

Address Line 1
Address Line 2
City
Province or State
Postcode or Zip Code
Country

Entity Contact Information

Telephone
Telephone Extension
Mobile phone
Facsimile Number
E-mail Address
Website Address

Account Representatives

Primary Account Representative
Alternate Account Representative(s)

Alternate Contact Person - Optional

Contact First Name
Contact Last Name
Contact Position

Contact Telephone _____

Contact Mobile Number _____

Contact Email Address _____

Auction Participation

By selecting the "Yes" box for auction participation, you are indicating your entity's interest in participating in any upcoming auction or reserve sale, and you are agreeing to have information about your entity and representatives transferred to the Auction and Reserve Sale Administrator and the Financial Services Administrator to facilitate participation in any upcoming auction or reserve sale. You may disable the "Auction Participation" option in the future if you wish to stop sharing your entity's information with the Auction and Reserve Sale Administrator and Financial Services Administrator and wish to no longer participate in any future auction or reserve sale.

Yes, please share my entity data with the Auction Administrator.

Facility Identification - Facility 1 of 1

This section is used to identify the facility or facilities that are owned or operated by this entity. Your entity will be responsible for managing the cap-and-trade compliance obligations for any facility listed below.

Facility Legal Name

Facility Operating Name

GHG Emissions Reporting ID

NAICS Code

Facility Physical Address

Address Line 1

Address Line 2 _____

City

Province or State

Postcode or Zip Code

Country

Facility Mailing Address

Address Line 1 _____

Address Line 2 _____

City _____

Province or State _____

Postcode or Zip Code _____
Country _____

Facility GHG Reporter Contact

Contact First Name _____
Contact Last Name _____
Contact Job Title _____
Contact Phone Number _____
Contact Mobile Phone Number _____
Contact Email Address _____

Section 2.0 Additional Required Information

For this account application, have you designated a Primary Account Representative or at least one Alternate Account Representative with a primary address in California?

- 1. Yes, the Primary Account Representative or at least ONE Alternate Account Representative has a primary address in California.
- 2. No, none of the account representatives designated have a primary address in California.

If you selected option 2, you must identify an agent for service of process located in California by completing the additional information requested below. The agent may be an individual who resides in California, or a corporation, that has previously filed a certificate with the California Secretary of State pursuant to California Corporations Code section 1505. If you selected option 1 you do not need to identify an agent for service of process.

Name of Agent for Service of Process:

Agent Address:

Agent City, State, Zip:

Section 3.0 Primary Account Representative (PAR) Attestation

CITSS Entity ID:

PAR Information:

Last Name:

First Name:

User Reference Code:

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete. I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information.

2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

Print Name:

Date:

Employer Name:

Title:

Signature:

Section 4.1 Alternate Account Representative (AAR) Attestation

CITSS Entity ID:

AAR Information:

Last Name:

First Name:

User Reference Code: 

1. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete. I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information.

2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by

any order or decision issued to me by the accounts administrator or a court regarding the account.

Print Name:

Date:

Employer Name:

Title:

Signature:

Section 5.0 Entity Director or Officer Attestation

CITSS Entity ID

Please check the applicable box below.

- 1. I am applying for accounts for an organization.
- 2. I am applying for accounts for an individual account holder or natural person.

If you have selected option 1, please provide the name and signature of a Director or Officer for your organization below. If you selected option 2 above, you do not need to provide any additional information in this section.

1. I certify under penalty of perjury under the laws of the State of California that I am an officer of the entity who is responsible for the conduct of the primary account representative and alternate account representative(s), that the natural persons listed on this account application have been selected as the primary account representative and alternate account representative(s) for this account application, and that I am one of the officers or directors for this entity disclosed pursuant to pertaining to title 17, article 5, sections 95800 et seq.

Print Director or Officer Name:

Date:

Employer Name:

Title:

Signature:
