



Compliance Instrument  
Tracking System Service

## Know-Your-Customer Compliance Documentation with Covered Entity Attestation Form

**Print Entity Name:** \_\_\_\_\_

A Covered Entity or an Opt-in Covered Entity (Covered Entity) completing this form must verify the accuracy and veracity of all Know-Your-Customer documentation submitted by each individual named in Table 1.0. The Covered Entity must also confirm that all of the Know-Your-Customer requirements pursuant to title 17, California Code of Regulations section 95834 were met by the individual. The documents submitted by the individual shall be retained by the Covered Entity, and the California Air Resources Board (ARB) Executive Officer or his designated representative shall be permitted, at any time, to review and audit the documentation.

If you have questions regarding the completion of this form, please contact the Help Desk at 916-324-7659 or [CACITSSHelpDesk@arb.ca.gov](mailto:CACITSSHelpDesk@arb.ca.gov) for assistance.

**An individual must provide documentation of the following:**

- Name;
- Date of birth;
- Either driver's license number or a passport number, if one is issued;
- A government-issued document providing photographic evidence of identity of the applicant;
- The primary residence address of the applicant;
- Employer name, contact information, and address;
- Employment or other relationship to an entity that has registered or has applied to register with the California Cap-and-Trade Program;
- Proof of an open bank account in the United States; and
- Disclosure of any criminal conviction during the previous five years constituting a felony in the United States (including violation type, jurisdiction, and year).

### Table 1.0 Names and CITSS User Reference Codes of Individuals Representing the Covered Entity

Provide information regarding the individuals representing the Covered Entity. If you need additional space, you may submit multiple pages for this Table.

Individual(s) Representing The Covered Entity Information			
#	First Name	Last Name	CITSS User Reference Code

## Covered Entity Attestation

**Covered Entity Attestation:** *I, an authorized representative of the Covered Entity listed below, (Covered Entity), hereby attest that the individual(s) named in Table 1.0 are employed by Covered Entity and that, for the purpose of the Cap-and-Trade Regulation, set forth in title 17, California Code of Regulations, section 95801, et seq. (Regulation), each individual named in Table 1.0 will be designated by Covered Entity as an account representative or an Account Viewing Agent for Covered Entity.*

*I further attest that each individual named in Table 1.0 has submitted all information required pursuant to title 17, California Code of Regulations, section 95834 (KYC documentation) to Covered Entity, and I have provided complete information in Table 1.0 for each named individual.*

*I further attest that, where applicable, the KYC documentation submitted to Covered Entity by the individuals named in Table 1.0 were notarized as required pursuant to title 17, California Code of Regulations section 95834, and Covered Entity has verified the accuracy and veracity of all KYC documentation submitted by each individual named in Table 1.0. The KYC documentation that were submitted to Covered Entity by each individual named in Table 1.0 shall be retained by Covered Entity, and the California Air Resources Board (ARB) Executive Officer or his designated representative shall be permitted, at any time, to review and audit the KYC documentation retained by Covered Entity.*

*I further attest that Covered Entity shall promptly submit to ARB, for each individual named in Table 1.0, that individual's Compliance Instrument Tracking System Service (CITSS) #2 User Registration Form and a signed and completed Individual attestation. Upon completing the user registration process in the CITSS, each individual's CITSS Form #2 User Registration Form is available to be printed and submitted to ARB. For the purpose of user registration in the CITSS, a business address may be used in place of a primary residence address, provided that all terms described herein have been met and this completed attestation is submitted to ARB together with the individual(s) CITSS Form #2 User Registration Form.*

*I further attest, on behalf of Covered Entity, that I am authorized to bind Covered Entity to the terms and to make the representations set forth in this attestation. As a duly authorized representative of Covered Entity, I attest that Covered Entity has binding policies and procedures in place that prohibit the individual(s) named in Table 1.0 from conducting any activity in the CITSS on behalf of himself or herself or any other entity, except for an entity where a corporate association exists with Covered Entity and has been disclosed to ARB pursuant to title 17, California Code of Regulations, section 95833.*

**Print Covered Entity Authorized Representative Name:**

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**Title:**

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**Print Covered Entity Name:**

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**Date:**

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**Covered Entity Authorized Representative Signature:**

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