



Emission Control Label (ECL) Statement of Facts

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Contact Name: _____

Phone Number: _____ FAX Number: _____

E-mail: _____

PLEASE PROVIDE YOUR CERTIFICATION BY CHECKING THE APPROPRIATE BOX, WITH SIGNATURE AND DATE, BELOW:

ECLs Installed (13 CCR 2183):

Attach a list of vehicles in your fleet* that DO have emission control labels (ECL) installed, and include the following information: vehicle license plate numbers; VIN; and the year, make & model of each engine.

Please note which vehicles are NON-OPERATIONAL.

ECLs Not Installed [13 CCR 2185 (a)(2)]:

Attach a list of vehicles in your fleet* that DO NOT have ECLs installed and include the following information: vehicle license plate numbers; VIN; and the year, make & model of each engine.

Please note which vehicles are NON-OPERATIONAL.

For any engine that does not have an ECL installed or the label is not legible, send Proof of Correction information, as provided in 13 CCR 2186 (a)(3) and 2186 (b)(2), to the ARB contact listed below, as well as any additional questions regarding what is required to demonstrate compliance.



*** Make it easier to collect & report information by using
ARB's electronic Audit Table on ARB's website at:**

http://www.arb.ca.gov/enf/hdvip/audit_table_012816.xlsx

ECL STATEMENT OF FACTS CERTIFICATION

I _____ (print name), attest under penalty of perjury that the information provided with this "Statement of Facts" is true and correct to the best of my knowledge.

Signed: _____ **Date:** _____

➤ **PLEASE RETURN FORM TO:**

California Air Resources Board
Enforcement Division
P.O. Box 2815
Sacramento, CA 95812

➤ **Attention To:** _____

ARB Staff Name