



California Environmental Protection Agency
AIR RESOURCES BOARD

EQUIPMENT IDENTIFICATION NUMBER (EIN)

Statement of Facts

Company Name: _____ **DOORS ID #:** _____

Address: _____

City: _____

State: _____ Zip Code: _____

Contact Name: _____

Phone Number: _____ FAX Number: _____

E-mail: _____

Fleets subject to the off-road diesel regulation were required to report off-road diesel vehicles to the ARB by August 1, 2009. ARB assigns an Equipment Identification Number (EIN) for each vehicle, which must be labeled on the vehicle within 30 days of receipt. For vehicles in your fleet that are subject to the **off-road diesel regulation**, please provide your certification by checking the appropriate box, with signature and date, below:

EIN Installed [13 CCR 2449(f)]:

EINs are permanently affixed or painted to both sides of the vehicles, in accordance with regulatory specifications. A list of my fleet's approved off-road fleet vehicles is reported in the DOORS database and/or is attached.

EIN Not Installed [13 CCR 2449(f)]:

EINs are NOT permanently affixed or painted to both sides of the vehicles. Attached is a list of vehicles (*same info as in DOORS*) and reasons why the EIN is not attached/affixed to the vehicle (e.g.; not registered or recent registration in DOORS; vehicle purchased/entered CA < 30 days (show proof); received EIN < 30 days; etc.).

For a **List of Label Vendors** meeting the label specifications, visit our website at:
<http://www.arb.ca.gov/msprog/ordiesel/labelvendors.htm>

Reporting the Vehicle and Engine Information

Report vehicles via **DOORS** (ARB's online reporting system), available online at:
https://secure.arb.ca.gov/ssldoors/doors_reporting/reporting.php



EIN 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
 Attention:
 P.O. Box 2815
 Sacramento, CA 95812
 EMAIL: _____ PHONE: _____ FAX: _____