

## Attachment A



## Application for Zero Emission Vehicle (ZEV) Account with the ZEV Bank

Complete and Submit to:  
Program Manager, ZEV Bank  
California Air Resources Board, MSCD/ZEV  
P.O. Box 2815, Sacramento, California 95812

**I hereby apply to open a new Zero Emission Vehicle Account with the ZEV Bank operated by the California Air Resources Board (ARB) in the administration of Section 1962, Title 13, California Code of Regulations.**

**ACCOUNT HOLDER**

Company Name		*Account ID	<b>PURPOSE:</b> Information contained in this form will be used by ARB to process account initiation and carry out all necessary actions involving the account.  (See Confidentiality Section)
Company Mailing Address			
City	State	ZIP Code	
Company Phone Number		Type of Business	

**A. PRIMARY REPRESENTATIVE** (please print.)

Authorized Company Representative (First, Middle I., Last)		Title
Phone Number	Fax Number	Email Address

**B. SECONDARY REPRESENTATIVE** (please print.)

Authorized Company Representative (First, Middle I., Last)		Title
Phone Number	Fax Number	Email Address

**I declare under penalty of perjury that all information provided herein are true and correct, to the best of my knowledge and belief. I understand only the undersigned company representatives can authorize transactions, and I represent that I am authorized to apply for this account.**

Primary Authorized Company Representative Signature	Date
Secondary Authorized Company Representative Signature	Date

\*Please refer to Attachment F for ZEV Account Holder Identification codes. If the code for your company is not listed, please contact the ZEV Bank Program Manager.

**FOR ARB USE ONLY:**

Entered By (Please print name and title)	Initials	Date Received	Date Recorded
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