

Non-Toxic Dry Cleaning Incentive Program Demonstration Site Application

QUESTIONS AND ASSISTANCE

Thank you for taking the time to complete this facility demonstration site application. If you have any questions about the facility demonstration site application or need assistance in completing the application, please feel free to contact:

Mei Fong
Phone: (916) 324-2570, Email: Mei.Fong@arb.ca.gov

Please return the completed application and mail to:

**Attention: TTD Dry Cleaning Incentive Program
California Air Resources Board
P. O. Box 2815
Sacramento, CA 95812**

1. COMPANY INFORMATION *(do not include personal residential address)*

Facility Owner's Legal Name _____

Facility Name _____

Facility Address _____

City _____ County _____ State **CA** Zip Code _____

Federal Employer Identification Number (FEIN) _____ Or Social Security Number _____

Contact Person _____

Business Phone No. () - _____ Cell No. () - _____

Contact Email Address _____

2. NON-TOXIC & NON-SMOG FORMING CLEANING SYSTEM INFORMATION

Which one of the following non-toxic and non-smog forming cleaning technologies do you have in your facility?

Machine Type: Professional Wet Cleaning System [] Green Jet Cleaning System [] Green D2D System []
Cold Water Cleaning System [] Carbon Dioxide (CO₂) Cleaning System []

When did you purchase your non-toxic, non-smog forming system? _____

Did you buy it new or used? New [] Used []

For Professional Wet Cleaning System:

Washer Make _____ Model /Year _____ Size _____

Dryer Make _____ Model /Year _____ Size _____

Tensioning Equipment (required):

Form Finisher Make _____ Model /Year _____

Pants Topper Make _____ Model /Year _____

For Green Jet Cleaning System:

Machine Make _____ Model /Year _____ Size _____

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For Cold Water Cleaning System:

Washer Make	Model /Year	Size
Dryer Make	Model /Year	Size

For Green D2D Cleaning System:

Machine Make	Model /Year	Size
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For Carbon Dioxide (CO₂) Cleaning System:

Machine Make	Model /Year	Size
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3. OTHER CLEANING SYSTEM INFORMATION

If you have another dry cleaning machine in your facility, what type is it (i.e. Perc, hydrocarbon, etc)? _____
 If you replaced another dry cleaning system, what did you replace (i.e. Perc, hydrocarbon, etc)? _____

I understand that facilities will be awarded a demonstration site grant based on criteria established by participating local air districts and ARB, and that priorities will be given to facilities that are switching from Perc and converting to a 100% non-toxic, non-smog forming facility, and awards maybe limited by funding availability. I hereby certify that I have read and understood the information presented in the facility demonstration site guidelines and agree to follow the requirements stipulated in the guidelines. I further certify that the information contained herein is true and correct and may be subject to release under the California Public Records Act. I agree that, for a two-year period after receiving the demonstration grant, I will agree to demonstrate my non-toxic, non-smog forming technology to perspective dry cleaning facility owners; agree to be available to respond to questions from perspective dry cleaning facility owners, agree to work with ARB and/or district staff to conduct workshops at my facility; agree to be available, as a consultant, to perspective dry cleaning facility owners; agree to allow ARB and local districts to make public my facility contact information; agree to require new owner to carry all grant award obligations and provisions if facility ownership change should occur; and agree to respond to any ARB surveys regarding my experiences with using the approved cleaning system.

 Type or print company owner's name

 Owner's Signature

 Date Signed