

CITSS ACCOUNT APPLICATION WITH ATTESTATIONS

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CITSS Entity ID Number:

An entity submitting an account application must complete the online application process in the Compliance Instrument Tracking System Service (CITSS). Completion of this application form by itself is not sufficient, and is not considered a complete submission without the online application submitted in CITSS. The California Air Resources Board will review account applications once submitted in CITSS with a "pending" status; the review process generally takes three or more weeks and may require entities to submit additional information for verification purposes.

This form is provided as guidance to show the different field and information that may be entered to complete account registration in CITSS, and includes the attestation page for the PAR, each AAR, and a Director or Officer of your Entity. You must print and mail the Account Application Checklist, the completed Account Application with Attestations Form, and the Corporate Associations and Structure Form from CITSS to submit to the Jurisdiction Registrar. You must provide original or electronic signatures of the PAR, each AAR, and a Director or Officer of your Entity on this Account Application with Attestations Form. If the information provided is inaccurate or incomplete, or the Jurisdiction Registrar cannot verify receipt of all required documents, then the account application will be denied.

Electronic signatures are acceptable pursuant to section 95803 of the Regulation and will have the same legal effect as if it were submitted in hardcopy form certified by a handwritten signature. For example, you may copy and paste the scanned version of a signature. Typing the Account Representative, Director, or Officer name in the signature field is not accepted. Signed and completed account applications may be emailed to the CACITSSRegistrar@arb.ca.gov.

Upon review of the submitted materials, the Jurisdiction Registrar will send an email to the PAR and AARs registered in the CITSS notifying them of approval, denial, or pending status of the account application. After receiving approval from the Jurisdiction Registrar, the PAR and AARs will be able to access the compliance instrument account(s).

SECTION 1.0: CITSS ACCOUNT APPLICATION INFORMATION

| | |
|------------------|----------------|
| CITSS Entity ID: | Legal Name: |
| Operating Name: | Jurisdiction: |
| Entity Type: | Entity Status: |
| Created by: | Date Created: |

Entity Identification

| | |
|--|---|
| U.S. Federal Tax Employer Identification Number (EIN): | ID Number Assigned by Incorporating Agency: |
| Incorporation Country: | Incorporation Province or State: |

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Physical Address

| | |
|--|----------|
| Address Line 1: | |
| Address Line 2: | |
| City/Province or State/Postcode or Zip Code: | Country: |

Mailing Address

| | |
|--|----------|
| Address Line 1: | |
| Address Line 2: | |
| City/Province or State/Postcode or Zip Code: | Country: |

Entity Contact Information

| | |
|-------------------|----------------------|
| Telephone Number: | Telephone Extension: |
| Mobile Number: | Facsimile Number: |
| Email Address: | Website Address: |

Account Representatives

| |
|--------------------------------------|
| Primary Account Representative: |
| Alternate Account Representative(s): |

Alternate Contact Person–Optional

| | |
|------------------------|------------------------|
| Contact First Name: | Contact Last Name: |
| Contact Position: | Contact Telephone: |
| Contact Mobile Number: | Contact Email Address: |

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Auction Participation

By selecting the "Yes" box for auction participation, you are indicating your entity's interest in participating in any upcoming auction or reserve sale, and you are agreeing to have information about your entity and representatives transferred to the Auction and Reserve Sale Administrator and the Financial Services Administrator to facilitate participation in any upcoming auction or reserve sale. You may disable the "Auction Participation" option in the future if you wish to stop sharing your entity's information with the Auction and Reserve Sale Administrator and Financial Services Administrator and wish to no longer participate in any future auction or reserve sale.

☐ Yes, share my entity data with the Auction Administrator.

Facility Identification—Facility 1 of 1

This section is used to identify the facility or facilities that are owned or operated by this entity. Your entity will be responsible for managing the cap-and-trade compliance obligations for any facility listed below.

| | |
|-----------------------------|--------------------------|
| Facility Legal Name: | Facility Operating Name: |
| GHG Emissions Reporting ID: | |

Facility Physical Address

| | |
|--|----------|
| Address Line 1: | |
| Address Line 2: | |
| City/Province or State/Postcode or Zip Code: | Country: |

Facility Mailing Address

| | |
|--|----------|
| Address Line 1: | |
| Address Line 2: | |
| City/Province or State/Postcode or Zip Code: | Country: |

Facility GHG Reporter Contact

| | |
|------------------------------|---------------------------|
| Contact First Name: | Contact Last Name: |
| Contact Job Title: | Contact Telephone Number: |
| Contact Mobile Phone Number: | Contact Email Address: |

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SECTION 2.0: ADDITIONAL REQUIRED INFORMATION

For this account application, have you designated a Primary Account Representative or at least one Alternate Account Representative with a primary address in California?

1. ☐ Yes, the Primary Account Representative or at least ONE Alternate Account Representative has a primary address in California.

2. ☐ No, none of the account representatives designated have a primary address in California.

If you selected option 2, you must identify an agent for service of process located in California by completing the additional information requested below. The agent may be an individual who resides in California, or a corporation, that has previously filed a certificate with the California Secretary of State pursuant to California Corporations Code section 1505. If you selected option 1 you do not need to identify an agent for service of process.

Name of Agent for Service of Process:

Agent Address:

Agent City/State/Zip Code:

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SECTION 3.0 PRIMARY ACCOUNT REPRESENTATIVE (PAR) ATTESTATION

| | |
|-------------------------|----------------------|
| CITSS Entity ID Number: | |
| Last Name: | First Name: |
| PAR Information: | User Reference Code: |

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to CARB are true, accurate, and complete. I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information.
2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

| | |
|----------------|--------|
| Print Name: | Date: |
| Employer Name: | Title: |
| Signature: | |

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SECTION 4.0: ALTERNATE ACCOUNT REPRESENTATIVE ATTESTATION

| | |
|-------------------------|------------------|
| CITSS Entity ID Number: | |
| Last Name: | First Name: |
| User Reference Code: | AAR Information: |

1. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to CARB are true, accurate, and complete. I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information.
2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

| | |
|----------------|--------|
| Print Name: | Date: |
| Employer Name: | Title: |
| Signature: | |

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SECTION 5.0: ENTITY DIRECTOR OR OFFICER ATTESTATION

CITSS Entity ID Number:

Check the applicable box below:

1. ☐ I am applying for accounts for an organization.
2. ☐ I am applying for accounts for an individual account holder or natural person.

If you have selected option 1, provide the name and signature of a Director or Officer for your organization below. If you selected option 2 above, you do not need to provide any additional information in this section.

1. I certify under penalty under the laws of the State of California that I am an officer of the entity who is responsible for the conduct of the primary account representative and alternative account representative(s), that the natural persons listed on this account application have been selected as the primary account representative and alternate account representative(s) for this account application, and that I am one of the officers or directors for this entity disclosed pursuant to pertaining to title 17, article 5, sections 95800 et seq.

| | |
|---------------------------------|--------|
| Print Director or Officer Name: | Date: |
| Employer Name: | Title: |
| Signature: | |