

**LCFS REPORTING TOOL AND CREDIT BANK & TRANSFER SYSTEM
ACCOUNT REGISTRATION FORM (V 2.0)**

Instructions: Organizations must register for an account in the LRT-CBTS in order to report fuels and bank or transfer LCFS credits. This form must be signed and dated by the business owner, a managing partner, or a corporate officer or another person with the authority to legally bind the organization/company. Both primary and secondary account representatives/administrators must sign and date this form. In addition to completing the form, you must upload a cover letter on organization/company letterhead indicating your eligibility to participate in LCFS (as a Fuel Reporting Entity, Project Operator, and ZEV Fueling Infrastructure Owner) pursuant to sections 95483.2 (b)(1) and 95486.2. Please upload this form together with the letter printed on letterhead as part of your LCFS registration at this URL: <https://ssl.arb.ca.gov/lcfsrt/Login.aspx>

As _____ with authority to legally bind _____
(Title) (Organization/Company)

Federal Employer Identification Number (FEIN): _____ I, _____, am designating the following
(Type Name)
individuals as account representatives/administrators:

PRIMARY ACCOUNT REPRESENTATIVE/ADMINISTRATOR

The Primary Account Representative/Administrator is: _____
(Type Name)

(Title) (Relationship to the Organization)

Account Representative/Administrator Attestation I certify under penalty of perjury under the laws of the State of California as follows: I was selected as the primary account representative/administrator by an agreement that is binding on all persons who have the legal right to control LCFS credits held in the account. I have all the necessary authority to carry out the duties and responsibilities contained in California Code of Regulations, title 17, sections 95480 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 Executive Officer or a court regarding the account.

Signature (Ink Only) _____ Date _____

Print Name _____

SECONDARY ACCOUNT REPRESENTATIVE/ADMINISTRATOR

The Secondary Account Representative/Administrator is: _____
(Type Name)

(Title) (Relationship to the Organization)

Account Representative/Administrator Attestation I certify under penalty of perjury under the laws of the State of California as follows: I was selected as the secondary account representative/administrator by an agreement that is binding on all persons who have the legal right to control LCFS credits held in the account. I have all the necessary authority to carry out the duties and responsibilities contained in California Code of Regulations, title 17, sections 95480 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 Executive Officer or a court regarding the account.

Signature (Ink Only) _____ Date _____

Print Name _____

OWNER/ MANAGING PARTNER/ OFFICER*

Signature of Owner/ Managing Partner/ Officer:

Signature (Ink Only) _____ Date _____

Print Name _____

*Only Owners, Managing Partners, or Officers responsible for the organization/company's fuel production or supply facilities and having authority to legally bind the organization/company should complete and sign this form.