

ACCOUNT CLOSURE FORM

LCFS REPORTING TOOL AND CREDIT BANK & TRANSFER SYSTEM (LRT-CBTS)

INSTRUCTIONS

In order to close an existing LRT-CBTS account, please submit this Account Closure Form, which is intended to facilitate the compliance with the account closure requirements of 95483.3 of the LCFS regulation. This form must be signed and dated by a person with the authority to legally bind the company. In addition to completing this form, the registered entity is also requested to upload a cover letter on the company letterhead and provide a statement describing the reason for account closure. In the letter, please provide the contact information for the person responsible for all the LCFS regulatory requirements and reporting obligations. Please submit this form along with a cover letter zipped together as a single pdf document. Log into your LRT-CBTS account using this URL: <https://ssl.arb.ca.gov/lcfsrt/Login.aspx> and select the "Correspondence" tab.

REQUEST FOR ACCOUNT CLOSURE

As a representative with the authority to legally bind the company/organization named below, I request to close our LRT-CBTS account on the effective date below.

Company Name:	Company Representative with Binding Authority:
Representative Telephone Number:	Signature of Representative:
Representative E-mail Address:	Effective Date of Closure:
Company Complete Address (street number, street name, city, state, zip code):	

Person responsible for past reporting obligations:

Name:	Contact Telephone Number:
Address:	E-mail Address:

Please indicate below the reason for the request to close the account (describe in the cover letter).

<input type="checkbox"/> My organization/company is no longer doing business in California. Last Business Day (MM/DD/YYYY):
<input type="checkbox"/> My organization/company would like to opt-out of the LCFS program. Opt Out Starting (MM/DD/YYYY):
<input type="checkbox"/> My organization/company is being sold to another company. Our current account is to be permanently closed/inactivated.
<input type="checkbox"/> Other reason. Explain Other Reason:

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ACCOUNT CLOSURE REQUIREMENTS

Please confirm that the following regulatory requirements are satisfied prior to the closure of the account.

All quarterly reports up to the quarter in which the closure request is being made have been submitted.

The annual report for the year in which the request is made and any previous year have been submitted.

All the credits in the LRT-CBTS account have been transferred before the account closure is requested. I understand that any remaining credits at the time of account closure will be forfeited and cannot be recovered. I also confirm that no deficits are pending in the LRT-CBTS account.

Opt-In Parties: Provided a 90-day notice of intent to opt out and a proposed effective opt-out date.

CARB APPROVAL (FOR CARB USE ONLY)

Signatures below indicate the final approval of account closure.

Print Name of Staff Initiator:

Signature of Staff Initiator:

Date of Signature:

Print Name of Approving Manager:

Signature of Approving Manager:

Date of Signature:

Print Name of TFB Branch Chief:

Signature of TFB Branch Chief:

Date of Signature: