



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**

1947 Galileo Court, Suite 103; Davis, CA 95618

Phone - (530) 757-3650 Fax - (530) 757-3670

**EMISSION REDUCTION CREDIT (ERC)  
TRANSFER OF OWNERSHIP APPLICATION**

A separate application is required for each ERC to be transferred or partially surrendered. This application is to be completed by the current ERC holder. Refer to the attached instructions for more detail. Failure to adhere to the instructions could result in a delay in the processing of the application. For assistance, call the Engineering Division at (530) 757-3650. Application must be submitted with correct filing fee.

**1. APPLICATION TYPE**

- Complete ERC transfer
- Partial ERC transfer (specify amounts and pollutants on page 2)
- Partial ERC surrender (specify amounts and pollutants on page 2) for ATC #: \_\_\_\_\_

**2. CURRENT ERC OWNER** (Indicate the name of the current ERC holder and the ERC number)

Company Name \_\_\_\_\_

Existing ERC Number \_\_\_\_\_

**3. NEW ERC OWNER** (Specify the name and address of the person, partnership, company, corporation or agency to be held responsible for and named on the ERC. The responsible official is an individual with the authority to certify that the holder will comply with all District requirements and conditions set forth in an ERC. **ERC will be mailed to the location listed below**)

Company Name to be Placed on ERC \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Responsible Official \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

**4. BILLING ADDRESS** (if same as above check here  or otherwise list billing address below)

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

**5. PROCESSING FEE** (A fee must be submitted with the application for transfer or split of ERCs (see Form 06 or Rule 4.1 for fee amount). All outstanding balances shall be submitted to the District prior to the District's re-issuance of the ERC).

FOR DISTRICT USE ONLY			
Date Stamp Received:	_____	Application # Assigned:	_____
Filing Fee Received:	\$ _____ Invoice #: _____	Check #:	_____
		Credit Card Transaction #:	_____
Expedite Fee:	\$ _____	(See Fee Determination Summary)	
Balance Due:	\$ _____	(See Fee Determination Summary)	
Total to be Invoiced:	\$ _____	Invoice #: _____	Permit Issuance Date: _____

6. **CURRENT ERC VALUES** (Provide the following values, in pounds per quarter)

POLLUTANT	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
VOC				
CO				
NOx				
SOx				
PM10				

7. **PROPOSED ERC VALUES (if partial split)** (Provide the following values, in pounds per quarter:  
Specific amounts to be reissued to current ERC holder (as identified in section 2)

POLLUTANT	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
VOC				
CO				
NOx				
SOx				
PM10				

(Specific amounts to be issued to new ERC holder (as identified in section 3) or to be surrendered)

POLLUTANT	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
VOC				
CO				
NOx				
SOx				
PM10				

8. **TRANSACTION COST** (For ERC transfers, provide the cost paid for the ERC, in dollars per ton (\$/ton) for each pollutant)

9. **SIGNATURE** Application must be signed by a responsible official of the company listed in Section 2. By signing this document, you are indicating that all information contained in this document and in any attachments are true, accurate and complete to the best of your knowledge. If paying by credit card signed application may be transmitted by facsimile (fax) or electronic mail (email), and any such signature shall have the same legal effect as an original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

### EMISSION REDUCTION CREDIT (ERC) TRANSFER OF OWNERSHIP

**Need Assistance? Contact the District engineering staff and schedule an appointment for a free consultation to assist you in completing your permit application package. They can be reached at (530) 757-3650.**

A separate application is required for each ERC that will be transferred. The application is to be completed by the current ERC holder. The new holder must comply with all District requirements and conditions set forth in an ERC. Filing fee is required with submittal of transfer application.

#### GENERAL INSTRUCTIONS FOR COMPLETING THE TRANSFER OF OWNERSHIP APPLICATION FORM

1. **APPLICATION TYPE:** Specify whether the application is for a transfer of the entire ERC certificate (complete transfer), for a transfer of parts of the ERC certificate (partial transfer), or for a partial ERC surrender part of an ERC certificate and get the remaining amounts re-issued to the same (current) holder.
2. **CURRENT ERC OWNER:** Indicate the current ERC holder and the ERC number.
3. **NEW ERC OWNER:** Specify the name and address of the person, partnership, company, corporation or agency to be held responsible for and named on the ERC. The responsible official is an individual with the authority to certify that the holder will comply with all District requirements and conditions set forth in an ERC. The ERC will be mailed to the location listed in this section. This section is not applicable for a partial ERC surrender.
4. **BILLING ADDRESS:** Specify the billing address for the ERC if different then the mailing address. If the address is the same please check the box in this section.
5. **PROCESSING FEE:** An initial fee must be submitted with the application for transfer of ERCs. All outstanding balances shall be submitted to the District prior to the District's re-issuance of the ERC. Options and instructions for submittal of application and payment (see Form 06 for initial filing fee):
  1. Mail with check and/or money order payable to: YSAQMD, 1947 Galileo Ct, Ste. 103; Davis, CA 95618;
  2. Pay by credit/debit card by visiting: [www.ysaqmd.org/permits/make-a-payment/](http://www.ysaqmd.org/permits/make-a-payment/) (service fees apply) and email with payment confirmation to [payments@ysaqmd.org](mailto:payments@ysaqmd.org) or fax confirmation to (530) 757-3670;
  3. Visit the District office and pay with check, money order or credit card.
6. **CURRENT ERC VALUES:** Fill in the values in the table based on the current ERC.
7. **PROPOSED ERC VALUES:** Fill in the values in the table based on the proposed amounts to be transferred or surrendered.
8. **TRANSACTION COST:** State law requires the District to report the costs of all ERC transactions to the Air Resources Board (ARB). For all ERC transfers, provide the cost paid for the ERC, in dollars per ton (\$/ton) for each pollutant.
9. **SIGNATURE:** This application must be signed by a responsible official for the current ERC holder. By signing this document, you are indicating that all information contained in this document and in any attachments are true, accurate and complete to the best of your knowledge. If paying by credit card signed application may be transmitted by facsimile (fax) or electronic mail (email), and any such signature shall have the same legal effect as an original.