



Compliance Instrument
Tracking System Service

#3 Corporate Associations and Structure Form

Print this form (page) using your browser print function. After printing, you should close this window/tab (not your browser) to return to the CITSS application where you can select the print windows for the Account Application Checklist, Account Application with Attestations Form, and the Corporate Associations and Structure Form.

CITSS Entity ID: _____

Entity Type: _____

Legal Name: _____

Entities registering for CITSS must disclose corporate structure and ownership information. Entities must also disclose corporate associations with other registered and non-registered entities and sufficiently explain these disclosed associations. Section 95833 of the California Cap-and-Trade Regulation provides a description of what constitutes a corporate association. At minimum, Sections 1, 2, 3, and 4 of this form must be completed and must be included in your mail-in account application submission. If you have questions regarding the completion of this form, please visit the website listed or contact the Help Desk at 916-324-7659 or CACITSSHelpDesk@arb.ca.gov for assistance.

Sample completed forms, additional guidance, and electronic versions of this form can be found here:

<http://www.arb.ca.gov/cc/capandtrade/markettrackingsystem/markettrackingsystem.htm>

Section 1.0 Name and Addresses of Your Entity's Directors and Officers

Please check the applicable box below.

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

If you selected option 1, disclose the names and addresses of your entity's Directors and Officers below. If you selected option 2, you do not need to provide any additional information in this section.

Disclose information regarding your directors and officers. If you need additional space, you may submit multiple pages for this Section.

Director or Officer Information				
#	First Name	Last Name	Title	Mailing Address (Street No, Street Name, City, State/Province, Zip, Country)

Section 2.0 Names and Address of Persons with Voting Rights

Disclose the names and addresses of all persons controlling over 10% of the voting rights attached to all outstanding voting securities of your entity.

Please select the situation which best describes your entity.

- 1. I am applying for accounts as an individual account holder or natural person.
- 2. The entity I represent does not have any persons controlling over 10% of the voting rights attached to the outstanding voting securities.
- 3. The entity I represent has persons controlling over 10% of the voting rights attached to the outstanding voting securities, and the information I've provided in the rest of this form is a true representation of those persons.

If you selected options 1 or 2 above, please continue to Section 3.0 of this form. If you have selected option 3, complete the table below as applicable.

Names and Address of Persons with Voting Rights				
#	First Name	Last Name	Percentage Of Control	Mailing Address (Street No, Street Name, City, State/Province, Zip, Country)

Section 3.0 Overview of Your Company's Corporate Associations

Please select the situation which best describes your entity's corporate associations

- 1. The entity or individual account holder I represent does not have any corporate associations.
- 2. The entity I represent has corporate associations, none of which must be disclosed under section 95833 of California's Cap-and-Trade Regulation.
- 3. The entity I represent has corporate associations that are disclosable under section 95833 of California's Cap-and-Trade Regulation, and the information I've provided in the rest of this form is a true representation of those associations.

If you have selected either option 1 or 2, please sign Section 4 and return this entire form, the completed Account Application Checklist, and the completed Account Application with Attestations Form to the Jurisdiction Registrar. If you have selected option 3, complete Subsections 3.1, 3.2, and 3.3 and sign Section 4 of this form before submitting the entire form to the Registrar responsible for your account.

Section 3.1 Overview of the Nature of Your Family of Companies/Associations

Please provide a brief overview of the nature of your family of companies/associations in box below and any additional information that describes or explains your corporate associations. You may also provide a chart or pictorial representation of your organization.

Overview of your family of companies/associations

Section 4.0 CITSS Primary Account Representative or Alternate Account Representative Signature for Corporate Associations and Structure

Primary Account Representative or Alternate Account Representative Attestation 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 ARB 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.*

Print PAR or AAR Name:

Date:

Employer Name:

Title:

PAR or AAR Signature:
