



BAY AREA  
AIR QUALITY  
MANAGEMENT  
DISTRICT

375 Beale Street, Suite 600  
San Francisco, CA 94105  
(415) 749-4990 Fax (415) 749-5030  
www.baaqmd.gov

**FORM P- 402**

**Emission Reduction Credits  
Transfer of Ownership**

**Application No.** \_\_\_\_\_

*This form is to be completed by the owner of record of the emission reduction credit (ERC) certificate. Regulation 2-4-412.3 requires that the certificate owner sign and surrender the certificate to the District. Please write "Surrendered to BAAQMD by" and sign and date the surrendered certificate. Indicate the quantity of ERCs that are to be transferred in the table below. Any remaining balance will be reissued to the owner as a new certificate unless instructed otherwise. The California Health and Safety Code section 40709.5 requires that the District collect information regarding the cost of offsets in dollars per ton. This data is published annually by the Air Resources Board in its cost of emission offsets report. Per Regulation 3-311, the processing fee for this application is \$474.*

**Surrendered certificate:**

Certificate No. \_\_\_\_\_ Owner of Record \_\_\_\_\_

Pollutant	PM <sub>2.5</sub>	PM <sub>10</sub>	POC	NOx	SO <sub>2</sub>	CO	Other:
tons/year							
\$/ton							

**Application contact for questions regarding this transaction:**

Application Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Transfer the above credits to:**

New Owner \_\_\_\_\_  
 Name of Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Comments or special instructions:**

\_\_\_\_\_  
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