BAY AREA AIR QUALITY MANAGEMENT DISTRICT

FLEET ORVR EXEMPTION FORM

For claiming exemption from Phase II requirements per Regulation 8-7-112.9

All fields are required unless otherwise noted. Please type or print.

Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109

Tel: (415) 749-4990

➤ Use this form only if you are claiming that your gas dispensing facility (GDF) is exempt from Phase II vapor recovery requirements per Regulation 8, Rule 7, Section 112.9. This exemption applies only to GDFs that refuel vehicles in a fleet that is owned by a common operator <u>and</u> that 90% of the fleet is comprised of vehicles with onboard refueling vapor recovery (ORVR).

	vapor recovery (orivin).									
1.	Check for Common Operator									
Does you	es your GDF refuel vehicles that are owned by a common operator?									
	Yes (Go to Part 2) No (STOP. You do not qualify for this exemption)									
2.	Total Number of Vehicles in Fleet									
What is the total number of vehicles in the fleet? A =										
3. Number of ORVR Vehicles in Fleet See instructions. Use Page 2 for more space.										
>	Enter the information in the table. Use the information to determine the number of ORVR vehicles in the fleet.									
>	Each vehicle with a model year in the transition period must be verified.									
Class	Vehicle Make & Model	Model Year	Family	Code (Ph	ase-In models or	nly) # of ORVR Vehicles				
							_			
							_			
							_			
							_			
Class: Passenger Cars (PC), Light Duty Trucks (LDT), Light Duty Trucks/Medium Duty Vehicles (LDT/MDT)										
4. Tally Information from Part 3 Into Categories Below										
What is the total number of <u>ORVR</u> vehicles in the fleet from Part 3? B =										
5.	Check for 90% of Fleet with OF		iroini rait	J.						
			_							
	by A. (i.e. B ÷ A) Enter the res		C =							
	If C is less than 0.90, STOP. You	do not quality it	or this exe	emption.						
	Facility Identification									
Facility N	Facility Name					BAAQMD Facility ID (Existing facilities only)				
_	a .:5: .: /a:		.1		.1					
7. Certification/Signature of person responsible for the information on this form.										
I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.										
Name Title										
Nume				TILL			7			
Signatur	e			Date		Phone (xxx-xxx-xxxx)	_			
						,	7			

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3a. Number of ORVR Vehicles in Fleet – Use table below if more space is needed from Part 3

Class	Vehicle Make & Model	Model Year	Family Code (Phase-In models only)	# of ORVR Vehicles
			, ,	