

8. Facility ID:
9. Warehouse Physical Address (street, city, county, state, and zip code):
10. Warehouse Operator Company Name:
11. Warehouse Operator Contact Name (first and last):
12. Warehouse Operator Contact:
13. Warehouse Operator Contact Mailing Address (street, city, state, and zip code):
14. Warehouse Operator Contact Phone Number:
15. Warehouse Operator Contact Email:

Section B: Exemption Request

1. Compliance Year for Exemption:
2. Please complete the table below for the action(s) that performed at a level below what was anticipated due to the unforeseen circumstance.

WAIRE Menu Action(s) Requested for Exemption	Units	User Input for Action(s) Applicable to Exemption <i>Insert number of units the warehouse operator is claiming for this exemption</i>	Number of days the action was affected by unforeseen circumstances
NZE Class 8 Truck Visits	# of Annual Visits		
NZE Class 8 Truck Acquisition	# of Trucks		
ZE Class 8 Truck Visits	# of Annual Visits		
ZE Class 8 Truck Acquisition	# of Trucks		
NZE Class 4-7 Truck Visits	# of Annual Visits		
NZE Class 4-7 Truck Acquisition	# of Trucks		
ZE Class 4-7 Truck Visits	# of Annual Visits		
ZE Class 4-7 Truck Acquisition	# of Trucks		
ZE Class 2b-3 Truck Visits	# of Annual Visits		
ZE Class 2b-3 Truck Acquisition	# of Trucks		

WAIRE Menu Action(s) Requested for Exemption	Units	User Input for Action(s) Applicable to Exemption <i>Insert number of units the warehouse operator is claiming for this exemption</i>	Number of days the action was affected by unforeseen circumstances
H2 Station Installations	kg/day Design Capacity		
H2 Station Usage	Annual kg Dispensed		
Up to 19.2 kW EVSE Purchase	# of Chargers Installed		
19.2-50 kW EVSE Purchase	# of Chargers Installed		
51-149 kW EVSE Purchase	# of Chargers Installed		
150-350 kW EVSE Purchase	# of Chargers Installed		
TRU Plug Installations	# of Plugs Installed		
Charger Usage	Annual kWh Dispensed		
TRU Plug Usage	Annual kWh Dispensed		
ZE Yard Truck Acquisitions	# of Trucks		
ZE Yard Truck Usage	Annual Hours of Use		
Rooftop Solar Panel Installations	Average System Design Purchased		
Carport Solar Panel Installations	Average System Design Purchased		
Solar Panel Usage	Annual kWh Produced		
Filter System Installations	# of Installations		
Filter Purchases	# of Filters		

Section C: Exemption Justification

Please note that the Executive Officer will consider an exemption from the applicable WAIRE Points requirement based on the justification provided below.

1. Explain how the vehicle or equipment did not perform at the level specified by the manufacturer due to a manufacturing defect or a defect in the installation of equipment using manufacturer-approved methods (Rule2305(g)(3)(A)(i)).

AND

2. Please demonstrate that despite good faith efforts by the warehouse operator to have the vehicle or equipment repaired, either via warranty or through other manufacturer and/or installer-approved methods, that the repair was not completed in a timely manner.

Section D: Certify Acknowledgement

I acknowledge that by certifying and submitting this application, I have read, and I understand and accept the terms and conditions of this certification for this application for an exemption based on the requirements of unforeseen circumstances pursuant to South Coast AQMD's Rule 2305.

I acknowledge that South Coast AQMD reserves the right to audit the application and all records and calculations used in completing the application. The application and all supporting information must be maintained for a minimum of seven years from the reporting deadline of the associated Annual WAIRE Report to which this exemption applies, and made available upon request by South Coast AQMD as required by Rule 2305. I certify that I am either an officer of the warehouse owner and/or operator that is required to submit this application under Rule 2305 to receive an unforeseen circumstances exemption, or that I have been authorized to represent the warehouse owner and/or operator, and can provide proof of authorization upon request.

I certify under penalty of law that I have personal knowledge of, have personally examined and am familiar with, and have verified the accuracy of the information presented in this application for an exemption, based on the best available information at the time of submission of the application, and that I believe the information to be true, accurate, and complete. I understand and agree that I and the warehouse owner and/or operator on whose behalf I am submitting the information, will be held as legally bound, obligated, or responsible for the information provided herein. I further understand and agree that legal action can be taken against myself and/or the warehouse owner and/or operator on whose behalf I am submitting the information, for submitting false information in a document to the South Coast AQMD.

I Agree [checkbox]

Name (printed):

Signature:

Date:

FOR INTERNAL USE ONLY

Date Application was Received:

Status: Approved

Rejected Approval

Case Number:

Reviewed By:

Date of Status Determination:

Date of Status Determination Notification to Applicant: