

Application and Election to Amortize Certified Pollution Control Facility

Attach to your California tax return.	
Name(s) as shown on your California tax return	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> CA Corporation no. <input type="checkbox"/> FEIN
	California Secretary of State file number

General nature of business

Part I Pollution Control Facility

Date purchased or construction completed	Useful life of facility	Is facility in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," date facility was placed in operation	If "No," date facility is expected to be placed in operation
Is facility an addition to existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total cost \$		Amortization (monthly) \$

Part II Description of Facility and/or Components

(Include trade or technical name, model number, manufacturer's name, address, etc.)

I certify to the best of my knowledge and belief that the above information is true and correct.

Signature and title	Date
---------------------	------

Part III Certification (See instructions)

- Certification by the State Air Resources Board (Air Pollution)
- Certification by the State Water Resources Control Board (Water Pollution)

Signature and title	Date
---------------------	------

Comments