



## APPLICATION FOR CLEAN AIR VEHICLE DECALS

MAIL TO: DEPARTMENT OF MOTOR VEHICLES  
SPECIAL PROCESSING UNIT – MS D238  
P. O. BOX 932345, SACRAMENTO, CA 94232-3450

DMV USE ONLY
PREVIOUS DECAL
ISSUE DATE

**\$22 FEE REQUIRED –  
MADE PAYABLE TO DMV**

**Only the registered owner of record may apply. For vehicle eligibility, visit the California Air Resources Board (ARB) website at [www.arb.ca.gov](http://www.arb.ca.gov). Replacement decals are available to vehicles that have been involved in an accident in which body work affected decal placement. To avoid processing delays, check [www.dmv.ca.gov/vr/decal.htm](http://www.dmv.ca.gov/vr/decal.htm) for information on how to complete this form.**

DATE OF PURCHASE	VEHICLE LICENSE PLATE NO.	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	MODEL
------------------	---------------------------	-------------------------------	------	------	-------

### SECTION 1 — CURRENT REGISTERED OWNER INFORMATION *(name printed must match DMV records)*

A Change of Address (DMV 14) form is also required if the address listed below is a recent change of address, or contains a separate mailing address, currently not on DMV records.

TRUE FULL NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME		DRIVER LICENSE OR ID CARD NUMBER			
CO-OWNER TRUE FULL NAME (LAST, FIRST, MIDDLE)		DRIVER LICENSE OR ID CARD NUMBER			
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.) UNIT NO. (INDICATE APT., STE., ETC.)					
CITY	COUNTY	STATE	ZIP CODE		
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABOVE) UNIT NO. (INDICATE APT., STE., ETC.)		CITY	STATE	ZIP CODE	

### SECTION 2 — CLEAN AIR VEHICLE DECALS *(must check at least one box in all three columns)*

<p><b>I am requesting:</b> <i>(Check box[es])</i></p> <p><input type="checkbox"/> Original decals <i>(Never before issued to vehicle)</i></p> <p><input type="checkbox"/> Transfer to new owner</p> <p><input type="checkbox"/> Information correction/update</p> <p><input type="checkbox"/> Replacement ID Card</p> <p><input type="checkbox"/> Replacement Decals</p> <p>Previous Decal Number: _____</p> <p><input type="checkbox"/> Stolen</p> <p><input type="checkbox"/> Lost or Damaged</p> <p><input type="checkbox"/> Not Received</p>	<p><b>My vehicle's exhaust standard is:</b> <i>(Check one)</i></p> <p><input type="checkbox"/> ZEV (Zero-Emission Vehicle)</p> <p><input type="checkbox"/> SULEV (Super Ultra-Low Emission Vehicle)</p> <p><input type="checkbox"/> AT PZEV (Advanced Technology Partial Zero-Emission Vehicle)</p> <p><input type="checkbox"/> Enhanced AT PZEV (Enhanced Advanced Technology Partial Zero-Emission Vehicle)</p> <p><input type="checkbox"/> TZEV (Transitional Zero-Emission Vehicle)</p>	<p><b>The motive power is:</b> <i>(Check one)</i></p> <p><input type="checkbox"/> Electric (E)</p> <p><input type="checkbox"/> Hydrogen fuel cell (R)</p> <p><input type="checkbox"/> Liquefied Petroleum Gas (LPG) (P)</p> <p><input type="checkbox"/> Compressed Natural Gas (CNG) (N)</p> <p><input type="checkbox"/> Plug-in hybrid (Q)</p> <p style="text-align: center;"><b>Conversions</b></p> <p><input type="checkbox"/> My vehicle has been converted to an alternative fuel (ARB Certification Letter required)</p>
--	---	--

### SECTION 3 — IMPORTANT INFORMATION AND CERTIFICATION *(California Vehicle Code §5205.5)*

For a vehicle purchased on or after January 1, 2018, an applicant's participation in the Clean Air Decal (CAD) program and the Clean Vehicle Rebate Project (CVRP) is based upon both the applicant's gross annual income and vehicle type:

GROSS ANNUAL INCOME	VEHICLE TYPE		
	LPG AND CNG	ELECTRIC OR PLUG-IN HYBRID	HYDROGEN FUEL CELL
<b>At or Above:</b> \$150,000 for single filers, \$204,000 for head-of-household, or \$300,000 for joint filers.	CAD only	CAD only	CAD or CVRP (60 days from date of purchase to choose)
<b>Under:</b> \$150,000 for single filers, \$204,000 for head-of-household, or \$300,000 for joint filers.	CAD only	CAD and CVRP	CAD and CVRP

**I have read the important information above and certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

PRINTED NAME	DAYTIME TELEPHONE NUMBER (    )
SIGNATURE OF REGISTERED OWNER <b>X</b>	DATE