



New Mexico Environment Department
Climate Change Bureau
Clean Transportation Fuel Program



Clean Transportation Fuel Program (CTFP) Aggregator Designation Form

Instructions

Organizations must register for an account in the CTFP Application, Reporting, and Compliance System (ARCS) to participate in the New Mexico CTFP. This form is used by an organization that is eligible to participate in the Clean Transportation Fuel Program as a credit generator to register in the ARCS and designate a third-party aggregator. To qualify to use this form the designating organization must be a fuel reporting entity qualifying under 20.2.92.401 through 20.2.92.404 NMAC. NMED must approve the designation of an aggregator for the aggregator to report and generate credits or deficits on behalf of the organization designating them. This form must be signed and dated by a Responsible Official for the designating organization as defined by 20.2.92 NMAC and a Responsible Official, Primary Account Administrator, or Secondary Account Administrator for the aggregating organization. All signatures must be either wet-ink, or digital certificates and require notarization. Both the designating organization and the aggregating organization must upload and submit the signed and completed form into ARCS.

Section 1. Designating Organization Information

Designating Company Name:

Designating Company FEIN:

Physical Address:

City: State/Province: Country: Zip:

☐ Check here if mailing address is the same as above

Mailing Address:

City: State/Province: Country: Zip:

Designating Organization Responsible Official Contact

Name: Title:

Telephone: Email:



New Mexico Environment Department
Climate Change Bureau
Clean Transportation Fuel Program



Designating Organization Primary Contact (if different than Responsible Official)

Name: Title:

Telephone: Email:

Section 2. Aggregation Agreement Information

Please check one of the boxes below:

☐ Aggregating organization will pay CTFP fees

☐ Designating organization will pay CTFP fees

Please check one of the boxes below, describe the nature of credit/deficit generation you are designating in the space provided below, and list the quarter and year designation begins:

☐ All credits/deficits are designated to the aggregating organization.

☐ A portion of credits/deficits are designated to the aggregating organization.

Describe the nature of credit/deficit generation and/or portion of credits designated to the aggregating organization:

Quarter/Year Designation Begins:



New Mexico Environment Department
Climate Change Bureau
Clean Transportation Fuel Program



Section 3. Designating Organization Certification

As a responsible official of the designating organization identified in this document, I, being first duly sworn, upon oath, state:

- I am a Responsible Official for the designating organization identified in this document, as defined in 20.2.92 NMAC.
- I am designating the aggregating organization identified in this document to report on behalf of the designating organization identified in this document.
- I understand that the submission of such reports may lead to the generation of credits or deficits that will be deposited in the ARCS account of the aggregating organization identified in this document.
- I understand that this designation does not relieve our obligation to provide accurate information to the aggregating organization which relies upon factual, operational, and technical data and information from the designating organization and that we maintain our responsibility to ensure that the information provided to the designated aggregating organization on our behalf remain accurate.
- I understand that if the aggregating organization is found in violation of 20.2.92 NMAC, NMED may also hold the designating organization responsible for those violations.

Designating Party Responsible Official Signature

Printed Name: _____ Title: _____

Organization: _____ Signature: _____

Date: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, _____

By _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notarial Officer: _____

Title of Office: _____

Commission Number: _____

Commission Expiration Date: _____

Place Notary Seal and/or Stamp Above



New Mexico Environment Department
Climate Change Bureau
Clean Transportation Fuel Program



Section 4. Aggregating Organization

Aggregating Company Name:

Aggregating Company FEIN:

Physical Address:

City: State/Province: Country: Zip:

☐ Check here if mailing address is the same as above

Mailing Address:

City: State/Province: Country: Zip:

Aggregating Organization Signatory

Name: Title:

Telephone: Email:

☐ Aggregating Organization Responsible Official

☐ Aggregating Organization Primary Account Administrator

☐ Aggregating Organization Secondary Account Administrator

Aggregating Organization Primary Contact (if different than signatory)

Name: Title:

Telephone: Email:



New Mexico Environment Department
Climate Change Bureau
Clean Transportation Fuel Program



Section 5. Aggregating Party Certification and Signature

As a responsible official of the aggregating organization identified in this document, I, being first duly sworn, upon oath, state:

- I am a Responsible Official for the designating organization identified in this document, as defined in 20.2.92 NMAC.
- I understand that I am accepting the designation to be the aggregating organization and accept the CTFP responsibility as the aggregator under 20.2.92 NMAC.
- I understand that by submitting reports on behalf of the designating organization, we will generate the credits / deficits in our ARCS account.
- I understand that this designation transfers the obligation to keep records under 20.2.92 NMAC to our organization and that we are responsible for ensuring that the reporting is accurate and will be responsible for any violations related to false reporting or recordkeeping.

Printed Name: _____ Title: _____

Organization: _____ Signature: _____

Date: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, _____

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