



New Mexico Environment Department
Climate Change Bureau
Clean Transportation Fuel Program



Clean Transportation Fuel Program (CTFP) Account Registration Form

Instructions

Organizations must register for an account in the CTFP Application, Reporting, and Compliance System (ARCS) in order to participate in the New Mexico CTFP. To be eligible, an organization must be a fuel reporting entity under 20.2.92.401 through 20.2.92.404 NMAC, an aggregator under 20.2.92.103(C)(4) NMAC, a Fuel Supply Equipment owner under 20.2.92.303 NMAC, or a project operator under 20.2.92.306 NMAC. This form must be signed and dated by the Primary Account Administrator, the Secondary Account Administrator, and a Responsible Official for the organization as defined by 20.2.92 NMAC. All signatures must be either wet-ink, or digital certificates and require notarization. The completed form must be uploaded into ARCS as part of the organization's registration process. Once NMED staff has approved the organization's registration materials and the program registration fee has been paid and processed, users will be able to access ARCS.

Section 1. Organization Information

Company Name:

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:

Responsible Official Contact

Name:

Title:

Telephone:

Email:



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Section 2. Primary Account Administrator Certification

As the person administering an organizational account in the ARCS on behalf of the above organization, I, being first duly sworn, upon oath, state:

- I am an authorized representative of the organization identified in this document and have the proper authority to take actions and administer this organizations participation in the New Mexico Clean Transportation Fuel Program.
- I have all the necessary authority to carry out the duties and responsibilities contained in 20.2.92 NMAC on behalf of the organization identified in this document.
- The organization identified in this document shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by NMED or a court regarding the account.

Primary Account Administrator 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



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Section 3. Secondary Account Administrator Certification

As the person administering an organizational account in the ARCS on behalf of the above organization, I, being first duly sworn, upon oath, state:

- I am an authorized representative of the organization identified in this document and have the proper authority to take actions and administer this organizations participation in the New Mexico Clean Transportation Fuel Program.
- I have all the necessary authority to carry out the duties and responsibilities contained in 20.2.92 NMAC on behalf of the organization identified in this document.
- The organization identified in this document shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by NMED or a court regarding the account.

Secondary Account Administrator 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



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Section 4. Responsible Official Certification

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

- I am a Responsible Official for the organization identified in this document, as defined in 20.2.92 NMAC.
- I am designating the individuals identified as Primary Account Representative and Secondary Account Representative in this document to represent the organization identified in this document to represent the organization in regard to all matters relating to the New Mexico Clean Transportation Fuel Program.
- The organization identified in this document shall be fully bound by the Primary Account Representatives and Secondary Account Representatives representations, actions, inactions, or submissions and by any notice of noncompliance, decision or order lawfully issued pursuant to 20.2.92 NMAC.
- By submitting this form, the organization identified in this document accepts responsibility for the information provided to NMED through the ARCS.

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