

# NOTICE OF DESTRUCTION FORM

## ***TO BE SUBMITTED BY DISMANTLER ONLY***

### **THE DISMANTLING FACILITY MUST KEEP THIS FORM UNTIL THE DESTRUCTION OF THE OLD TRUCK.**

The SJVAPCD approved dismantling facility has fifty (50) days from the date of receipt, to destroy the old truck according to the terms and conditions of its agreement with the SJVAPCD. **After the destruction of the old truck, personnel from the dismantling facility must complete this Notice of Destruction Form and email, mail, or fax the Form to the following:**

Attention: Lupe Reyes

E-mail: [lupe.reyes@valleyair.org](mailto:lupe.reyes@valleyair.org)

San Joaquin Valley Air Pollution Control District  
Strategies and Incentives Department  
1990 East Gettysburg Avenue  
Fresno, CA 93726-0244

Fax: (559) 230-6112

Once the Notice of Destruction Form is received by SJVAPCD staff, a post-monitoring site visit will be scheduled by an SJVAPCD inspector to visually verify the destruction. The SJVAPCD inspector will take digital photographs of the destroyed truck and its engine, and verify the truck's VIN and the engine's ESN. **Once the dismantling facility has received the stamped copy of the DMV Reg 42 Form; please provide a copy of the form via inspector at the post-monitoring site visit, fax, mail, or e-mail to Lupe Reyes.** Please do not provide duplicate copies of the DMV stamped Reg 42 Form.

| <b>DISMANTLED TRUCK INFORMATION</b>                              |                        |        |
|--|------------------------|--------|
| Project Number:  |                        |        |
| Old Truck Vehicle Identification Number (VIN):                   |                        |        |
| Engine Serial Number (ESN):                                      |                        |        |
| <b>DISMANTLER INFORMATION</b>                                    |                        |        |
| Facility Name:   |                        |        |
| Address (including street number and name, state, and zip code): |                        |        |
| Contact Name:  |                        |        |
| Phone Number:<br>(     )   | Fax Number:<br>(     ) | Email: |