

**PASSENGER CAR RENTAL INDUSTRY
TOURISM ASSESSMENT FORM 2009/10**

**STATE OF CALIFORNIA
OFFICE OF TOURISM**

Section I. Business Information

Tourism ID # _____
Contact Name/Title _____
Name of Company _____
Mailing Address _____ City, State, Zip _____
Phone No. _____ Fax No. _____ Email Address _____

Section II. Assessment Calculation

- a. Enter the ending month and year: _____
b. Enter your Revenue* for the month identified above. _____
c. Multiply line "b" by the assessment rate of 0.035. $\frac{\quad}{\quad} \times 0.035$
d. **Assessment Amount Due:** \$ _____

Payment is due to the Office within 25 days of each month end.

Section VIII. Certification

I certify and declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge and that I am authorized to sign this form.

Signature of Authorized Representative Date

Printed Name of Authorized Representative

Make checks payable to the "California Travel and Tourism Commission" and mail with Form to:

**California Business, Transportation and Housing Agency
Tourism Assessment Program
P.O. Box 2007
Sacramento, CA 95812-2007**

*Revenue is as defined in Title 10, Chapter 7.65, Section 5350(bb) and in the Memorandum of Agreement.