PASSENGER CAR RENTAL INDUSTRY
TOURISM ASSESSMENT FORM 2008/09

STATE OF CALIFORNIA
OFFICE OF TOURISM

Section I. Business Information

Tourism ID #
Contact Name/Title
Name of Company
Mailing Address

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 0.025. x 0.025
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 Form and Check 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).