Station Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Station Location (Street Address, City, State, Zip):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing and signing this Open Retail Station Checklist, the Recipient is self-certifying that the station listed above meets and will adhere to each of the Minimum Technical Requirements for Open Retail Hydrogen Refueling Stations of GFO-22-607.

Should this hydrogen refueling station come out of compliance with the Checklist, or should the design change, the Recipient shall submit to the CEC a new completed, signed, and dated Open Retail Station Checklist.

| **Check** | **Open Retail Station Requirements** |
| --- | --- |
|  | Each dispenser has passed a hydrogen quality test and dispenses hydrogen that complies with California Code of Regulations (CCR) Title 4 Business Regulations, Division 9 Chapter 6 Automotive Products Specifications, Article 8, Hydrogen Fuel Sections 4180 and 4181, which adopts SAE International J2719 (fuel quality). |
|  | Each dispenser underwent type evaluation testing and has a Temporary Use Permit or Certificate of Approval issued through California Type Evaluation Program, or a Certificate of Conformance issued by the National Type Evaluation Program. |
|  | Each dispenser has successfully passed initial verification of accuracy class tests to receive the county weights and measures seal approving the device for retail use. |
|  | Each dispenser conforms to the most recent version of SAE J2601 (fueling protocols) at H70-T40 for all light duty vehicle tank mass categories up to 10 kilograms, verified using the HyStEP device, another functionally equivalent hydrogen station test apparatus, or by using automobile OEM best practices, tested in accordance with the most recent version of HGV 4.3. |
|  | **Optional:** Does the station provide H35 fueling?  Yes  No If Yes, check the box to the left that any dispenser providing H35 fueling conforms to the most recent version of SAE J2601 at H35. If No, leave blank. |
|  | **Optional:** Does the station include infrastructure to support fueling of vehicles with compressed hydrogen storage systems (CHSS) that exceed 10 kilograms?  Yes  No If Yes, check the box to the left that the infrastructure conforms to a defined fueling protocol that the Recipient has described to the California Energy Commission (CEC). If No, leave blank. |
|  | The station conforms to the most recent version of ANSI/CSA HGV 4.9 (hydrogen refueling stations). |
|  | The station conforms to the most recent version of SAE International J2799 (station communications). |
|  | Each station nozzle conforms to the most recent version of SAE J2600 (nozzles) or ISO 17268 (nozzles). |
|  | Each light-duty fueling position has the capability to provide a minimum of seven 4-kilogram H70-T40 fills in one hour, back-to-back, counting only fills that achieve 95 percent state of charge. |
|  | The station sells fuel to the public through a point of sale (POS) that accepts, reads, and processes the magnetic stripe on commercially available credit cards, debit cards, fueling cards, and gift cards. The POS also reads EMV™ chips embedded in the cards and performs financial payment transactions. |
|  | **Optional:** Does the station POS system wirelessly transmit, receive, and process near-field communications (NFC) to process the signals from contactless cards or mobile devices, i.e., “smart phones,” or accept payment through a mobile application?  Yes  No If Yes, check the box to the left. If No, leave blank. |
|  | The station’s refueling components are installed and the station has a dedicated hydrogen fuel supply and delivery agreement from a hydrogen production plant (on or off-site), with available capacity, and a second supply arrangement as backup. Both agreements provide renewable hydrogen to satisfy the Renewable Hydrogen Requirements of GFO-22-607. |
|  | The station has an energized utility connection and source of system power. |
|  | The station has lighting for the dispenser(s) and the station area to provide a well-lit area that is safe, convenient, and accessible for station users. |
|  | The station displays a sign or logo to acknowledge the public agency(ies) that provided funding for the hydrogen refueling station. It also has onsite signage that explains the method of sale requirements. |
|  | **If approved by the respective authority:** Highway and trailblazer signage is installed.  Has Caltrans approved state highway signage?  Yes  No  Has the AHJ approved trailblazer signage on local roads?  Yes  No |
|  | Each dispenser is connected and reporting all required information to the Hydrogen Fuel Cell Partnership Station Operational Status System (SOSS). |
|  | The station has received all required state, local, county, and city permits to build and operate. |
|  | The station has a guard or cover installed over the station emergency shutdown system switch(es). |
|  | The station is accessible to the public (a portion of a multi-use station may be non-public).  • No obstructions or obstacles exist to preclude vehicle operators from entering the station premises.  • The user of the station is not required to obtain or to use access cards or personal identification (PIN) codes for the station to dispense fuel.  • No formal or registered station training is required for individuals to use the hydrogen refueling station. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification:** I hereby authorize the CEC to make any inquiries necessary to verify the information presented in this checklist. I hereby certify to the best of my knowledge that the station has been constructed and equipment has been installed consistent with the CEC agreement and the information contained in this checklist is correct and complete. I certify that the station will remain open retail for a minimum of five years and will meet and adhere to these Open Retail Station Requirements during station operation. | | | |
| Name and Signature of Authorized Representative |  | Date: |  |