

Low Emission School Bus Project Annual Report

Year (1-5):	School Year:
Bus #	Grant #
School:	
Mailing Address:	
Phone Number:	Contact:

Please Attach Proof of Annual Safety Inspection CHP 292 Report

Vehicle Odometer Reading (*Start*): _____ Miles. Date: _____

Vehicle Odometer Reading (*End*): _____ Miles. Date: _____

Total Miles: _____

Vehicle was operated in California for _____% of the Miles

Vehicle was operated in Air District for _____% of the Miles

The vehicle, engine, and retrofit device were operated and maintained in accordance with manufacturer's specifications.

Yes No

The vehicle and engine were only operated while the engine emissions were routed through the properly functioning retrofit device.

Yes No

The Engine was only fired with CARB Certified Low Sulfur Diesel

Yes No

By my signature below, I certify the forgoing is true and correct.

Name: _____ Date: _____

Title: _____

School District Authorized Representative

Date of original bus reimbursement: