

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 was 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 a properly functioning 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: