



VOUCHER INCENTIVE PROGRAM Application Package

- Please print clearly or type all requested information on this application.
- Submit all supporting documentation listed on the application checklist on page 2.
- Complete one application for each heavy-duty on-road vehicle.
- **If the submitted application is incomplete, illegible, or any documentation is missing or unclear, the application will be rejected immediately and returned to the applicant.**

Eligibility Criteria

To be eligible for funding in the Voucher Incentive Program, projects must meet the criteria described in the Voucher Incentive Program Guidelines. These criteria include, but are not limited to, the following:

- Fleet Size: Owner/ Applicant may not own more than ten (10) on-road heavy-duty diesel-fueled vehicles with a Gross Vehicle Weight Rating (GVWR) greater than 14,000 pounds. Owners of on-road vehicle fleets with more than 10 vehicles are not eligible to participate. Vehicles with a GVWR greater than 14,000 pounds that are leased for more than a year must also be included in the fleet size. Determination of fleet size must be based on the definitions and criteria in the Statewide Truck & Bus Regulation in California Code of Regulations, title 13, section 2025.
- Regulations: The purchase and use of this low-emission vehicle or retrofit device is not required by any local, state, and/or federal rule or regulation, including the Drayage Truck Regulation. **Note**: VIN numbers will be added to the Drayage Truck Registry as “non-compliant” for up to three years after replacement truck delivery or retrofit installation.
- Compliance Extensions: Applicant may not use VIP funded projects to generate a compliance extension or extra credit for determining regulatory compliance.
- Existing Engine Model Year: For replacement and retrofit projects, the applicant must prove that the existing vehicle is equipped with a model year 2006 or older engine.



- Weight Range: Applicant must document that the existing vehicle meets the criteria for either a light heavy-duty vehicle, a medium heavy-duty vehicle, or a heavy heavy-duty vehicle as defined below:
 - To qualify for light heavy-duty (LHD) funding levels, eligible vehicles must have an original manufacturer Gross Vehicle Weight Rating (GVWR) of 14,001-19,500 pounds. **OR**
 - To qualify for medium heavy-duty (MHD) funding levels, eligible vehicles must have an original manufacturer Gross Vehicle Weight Rating (GVWR) of either MHD 19,501-26,000 pounds or MHD 26,001-33,000 pounds. **OR**
 - To qualify for heavy heavy-duty (HHD) funding levels, eligible vehicles must have an original manufacturer Gross Vehicle Weight Rating (GVWR) of 33,001 pounds or greater.

- Vehicle Title: Applicant must prove ownership of the existing vehicle for the previous twenty four (24) months. For truck replacement projects, the title must show that there is no lien holder.

- Registration: Applicant must prove that the existing vehicle has been registered in California for the previous twenty four (24) months, or for the previous eight (8) continuous months with twenty four (24) months of California operation documentation. For seasonal vehicle, California registration is required for three (3) to six (6) continuous months per twelve (12) month period for the previous twenty four (24) months.

- Insurance: Applicant must prove that the existing vehicle has been insured for the term consistent with the registration documentation.

- Usage: Applicant must provide the previous twenty four (24) months of vehicle usage documentation (fuel consumption or miles driven) in California. The existing vehicle must have met the selected minimum annual mileage or fuel usage requirements in Appendix O or P, as applicable, in each twelve (12) month period over the previous twenty four (24) months.

- Military Service Provision: If a participant has been on active military duty at any time during the previous twenty four (24) months, documentation prior to deployment and covering the same length of time as the deployment period may be used to meet the title, registration, usage, and operation in California requirements. Participant must submit a copy of DD Form 214, Certificate of Release or Discharge from Active Duty to verify military service during the deployment period.

- Applying for Funds: Applicant may only apply for funds through the Voucher Incentive Program to one air district at a time. Applicant cannot apply for any other grant funds to replace or retrofit this vehicle.

- Two-for-One Vehicle Replacements: If an applicant is applying to replace two existing vehicles with one replacement vehicle, then two applications and supporting documentation must be submitted. Please specify this on the application by checking the Two-for-One Option.



VOUCHER INCENTIVE PROGRAM
Application Checklist

Applicant Information	Dealer Information
Company:	Dealership:
Owner:	Salesperson:
Phone:	Phone:
FAX:	FAX:
Email:	Email:
<i>Option: attach business card</i>	<i>Option: attach business card</i>

√	Applicant Requirements
<input type="checkbox"/>	Completed application (signed & dated in ink)
<input type="checkbox"/>	If Military Service Provision applicable, copy of DD214 Certificate of Release or Discharge from Active Duty. Check the box on the application marked "Military Service Provision".
<input type="checkbox"/>	Copy of existing vehicle title (no lien holder for replacement projects)
<input type="checkbox"/>	Vehicle usage documentation (for previous twenty four (24) months) <input type="checkbox"/> Fuel records <input type="checkbox"/> Mileage records
<input type="checkbox"/>	Vehicle usage documentation for the existing vehicle must prove : <input type="checkbox"/> selected mileage level per year for previous twenty four (24) months OR <input type="checkbox"/> selected gallons per year consumed for previous twenty four (24) months
<input type="checkbox"/>	Copy of existing vehicle DMV registration for the previous twenty four (24) months – if existing vehicle is registered for part of a year, provide proof of registration for all months registered; or DMV registration for previous eight (8) consecutive months with 24 months of California operation documentation. AND Copy of existing vehicle insurance cards (consistent with the term of the registration documentation)
<input type="checkbox"/>	Inspection Form for the existing vehicle signed by a participating dealership, retrofit installer, or air district
<input type="checkbox"/>	Digital photos of the existing vehicle
<input type="checkbox"/>	Verification of existing engine model year from the manufacturer or dealership
<input type="checkbox"/>	Quote and specification sheet for the replacement vehicle or retrofit device signed and dated by the dealership or retrofit installer
<input type="checkbox"/>	ARB Executive Order for replacement vehicle engine or retrofit device
<input type="checkbox"/>	If replacing two existing vehicles with one replacement vehicle, submit an application and the above information for each existing vehicle. Check the box on the application marked "Two-for-One Option".
<input type="checkbox"/>	If Report 1 box checked and compliance deadlines passed: 1) Proof of purchase showing VDECS family name, serial number, VIN, and retrofit installer, 2) Photographs of VDECS labels on engine and retrofit showing family name, serial number, and VIN, or 3) Photograph of 2007 + engine label with VIN. If Report 2 box checked: TRUCRS certificate or report showing compliance.



VOUCHER INCENTIVE PROGRAM
Application

Date Received:
 (For office use only)

Applicant Information

Military Service Provision

Owner Name:		Company Name:	
Mailing address:		Fleet Size*:	
City:	State:	Zip Code:	
Physical address:			
City:	State:	Zip Code:	
Owner Email:		Owner Phone:	

* As defined in Truck & Bus Regulation. Fleet Size must include vehicles leased for more than one year.

Third Party Information

This box needs to be filled out if application is completed by anyone being paid to complete the application on the owner's behalf. Dealers do not need to complete this section.

Third-Party Name:		Company Name:	
Mailing address:			
City:	State:	Zip Code:	
Physical address:			
City:	State:	Zip Code:	
Phone:		Email:	
Third Party Signature:		Date:	

Existing Vehicle and Engine Information

Two-for-One Option

VEHICLE INFORMATION:			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number:	License Plate Number:	Manufacture Date:	
Odometer Reading:	Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DOT Number (if interstate):	CHP number (if applicable):	Fleet ID (optional):	
Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over	Original Manufacturer GVWR:		
Engine Information:			
Engine Make:	Engine Model:	Engine Model Year:	Manufacture Date:
Serial Number:	Engine Family Number:	Horsepower:	
Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel used? <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____		



Replacement Vehicle and Engine Information (If Applicable)

VEHICLE INFORMATION: <input type="checkbox"/> New <input type="checkbox"/> Used			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number (if available):	License Plate Number (if available):	Manufacture Date:	
Odometer Reading:	Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DOT Number (if interstate):	CHP number (if applicable):	Delivery Date:	
Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over	Original Manufacturer GVWR:		
Engine Information: ≤ 0.01g/bhp-hr PM and is at or below the following standard (STD) or family emissions limit (FEL) NOx level: <input type="checkbox"/> 0.20 g/bhp-hr <input type="checkbox"/> 0.50 g/bhp-hr <input type="checkbox"/> 1.20 g/bhp-hr			
Engine Make:	Engine Model:	Engine Model Year:	Manufacture Date:
Serial Number (if available):	Engine Family Number:	Horsepower:	
Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel used? <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____	CARB Executive Order Number:	

Retrofit Device Information (If Applicable)

Retrofit device make:	Retrofit device model:	
Retrofit device ARB executive order #:	Retrofit device serial # (if available):	
ARB-verified PM reduction (percent):	ARB-verified NOx reduction (percent):	
Retrofit device cost:	Installation date:	Cost of retrofit device with installation:

Dealership/Retrofit Installer Information (or attach business card)

Contact Person:	Business Name:		
Phone:	Address:		
City:	State:	Zip Code:	



TRUCRS Reporting for Truck and Bus Regulation

Check one box.

Report 1: Fleet is not reported in TRUCRS and is not required to be reported (i.e., not using Small Fleet Option or any other option or extension). Compliance documentation is attached for vehicles in the fleet with filter or engine upgrade deadlines that have passed.

Report 2: Fleet is reported in TRUCRS and the attached certificate or reporting summary shows the fleet is compliant and compliance option used.

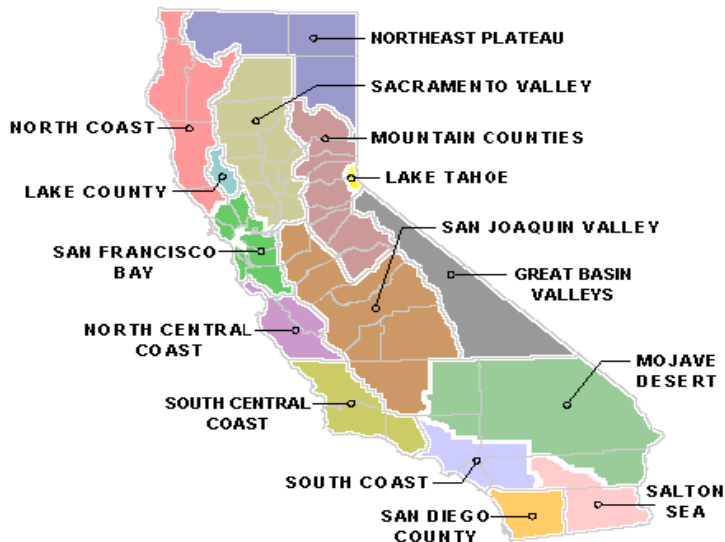
Operational Area

Using the map below, estimate the percentage of your annual mileage or usage that will occur in each area.

North Coast:	Northeast Plateau:
Lake County:	Sacramento Valley:
San Francisco Bay:	Mountain Counties:
North Central Coast:	Lake Tahoe:
South Central Coast:	San Joaquin Valley:
South Coast:	Great Basin Valleys:
San Diego County:	Mojave Desert:
Outside California:	Salton Sea:

Note: The total of all percentages must equal 100.

California Air Basins





By submitting this application, I certify under penalty of perjury, under the laws of the State of California that the information on this application is accurate and true:

- I am the owner of the existing vehicle(s);
- The existing vehicle is part of a fleet with no more than ten on-road heavy-duty diesel-fueled vehicles according to the fleet size definition of the Truck and Bus Regulation including vehicles leased more than one year;
- The existing vehicle(s) has operated at least 75 percent of the time in California during each twelve (12) month period for the previous twenty four (24) months;
- I am not under contract and will not apply for additional grant funds from any other entities or programs for this vehicle;
- I understand and agree that, if my application is approved for a replacement vehicle purchase, my existing vehicle(s) identified on this application will be destroyed;
- The purchase of this low-emission vehicle or retrofit device is NOT required by any local, state, and/or federal rule or regulation, including the Drayage Truck Regulation, and will not be counted toward meeting compliance requirements prior to the dates indicated in the applicable funding table from either Appendix O or P in the VIP Guidelines;
- I understand that for a period of three years from delivery or installation date, I will not engage in any activities that are subject to the Drayage Truck Regulation, including accessing any regulated port or intermodal rail facility;
- I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations;
- I understand that an incomplete or illegible application, or if any required documentation is missing, this application will be immediately rejected and returned to me;
- I understand that I can reapply for project funding if this application is rejected because it was incomplete, illegible, or missing required documentation;
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding;
- I have the legal authority to apply for incentive funding for the entity described in this application;
- I understand that ARB, as an intended third party beneficiary, reserves the right to enforce the terms of the VIP and the Voucher at any time during the three year voucher term.
- The information provided in this application and all supporting documentation are true and correct and meet the minimum requirements of the Voucher Incentive Program; and
- I agree to the above statements by signing below.

Owner Signature:

Date:

Printed Name:

Title:

Please attach all documentation listed on the application checklist

Please submit this application to the air district below. If you have any questions in completing your application, please contact:

**North Coast Unified
 Air Quality Management District
 707 L Street
 Eureka, CA 95501
 (707) 443-3093**