



ON-ROAD TRUCK INFORMATION

Complete 1 Form per Old Truck

ACTIVITY INFORMATION

Primary Function: <input type="checkbox"/> Mixing & Delivery <input type="checkbox"/> Delivery Only <input type="checkbox"/> Other: _____	
Annual Miles Traveled (in Miles):	Annual Fuel Consumed (in Fuel):
Will this equipment be eliminated, replaced, or have a reduction in hours: <input type="checkbox"/> Eliminated <input type="checkbox"/> Replaced <input type="checkbox"/> Reduction of hours	

OLD EQUIPMENT INFORMATION

Truck Identification Number (VIN):		Fleet ID Number (Unit #):
Truck Make:	Truck Model:	Truck Model Year:
Engine Make:	Engine Model:	Engine Model Year:
Engine Serial Number:	Horsepower:	US EPA Family Name:
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify):		
If the equipment is being kept with reduced usage , what is the new anticipated annual usage:		