

## APPLICANT INFORMATION

Complete 1 Application per vehicle to be replaced

### APPLICANT INFORMATION

Organization, Business or Proprietor's Name (Legal Name):		
Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:

### PRIMARY CONTACT INFORMATION

First Name:	Last Name:
Contact Number:	Alternate Contact Number:
Email:	

### AGREEMENT SIGNING AUTHORITY

First Name:	Last Name:	Title:
Signing Authority Email		
Signing Authority Phone		

## CERTIFICATIONS

- I will disclose the value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same emergency vehicle, and will disclose any other source(s) of funding that has been applied for that is used for the same project, including the source of funds, amount, and the purpose for funding;
- I have reviewed the information provided in this application and all supporting documentation to be true and correct, and meet the minimum guideline requirements of the Emergency Vehicle Replacement Program;
- I agree to follow all requirements of the Emergency Vehicle Replacement Program Guidelines;
- The program-funded equipment shall be placed into operation prior to the applicable operational deadlines to remain eligible for funding;
- Neither the owner nor vehicle identified in the vehicle project application has any outstanding violations or non-compliance with CARB regulations, If violations or non-compliance is found this application may be ineligible;
- The purchase of this low-emission vehicle is NOT required by any local, state, and/or federal rule or regulation, including, but not limited to, the Drayage Truck Regulation (13 CCR §2027), Truck and Bus Regulation (13 CCR §2025), and/or Solid Waste Collection Vehicle Regulation (13 CCR §2021);
- Any additional non-Program funding needed to complete the vehicle project according to the proposed timeframe is reasonably available;
- New vehicle must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution unless specified by the Program Guidelines, and if allowed, equipment owner shall assume all financial risk if equipment is ordered prior to contract execution, and is in no way assured program funds;
- New vehicle purchased outside of California may be subject to California sales and/or use tax;
- I have all the information needed to understand what must be done to maintain eligibility for Emergency Vehicle Replacement Program funds. This includes maintaining registration and ownership; keeping equipment in legal operating condition within California; correcting any air pollution citations; complying with all CARB regulations; and reporting, repairing, or replacing equipment that has been damaged, destroyed, or stolen;
- I understand that the new vehicle proposed in the application will be required to operate at least 75% of its operating time within California and at least 50% within the boundaries of the San Joaquin Valley Air Pollution Control District (SJVAPCD) for the project life;
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.

**I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.**

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**Agreement Signing Authority (Legal Owner of Vehicle(s))**

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**Date**

## VEHICLE INFORMATION

### CURRENT VEHICLE

Vehicle Identification Number (VIN):		Fleet ID Number (Unit #):		
Vehicle Make:	Vehicle Model:	Model Year:		
License Plate Number:	Odometer Reading:	Hour Meter Reading:		
Manufacturer Gross Vehicle Weight Rating (GVWR): Refer to the sticker found in the doorjamb of your vehicle for the correct GVWR.				
<input type="checkbox"/> Class 8	<input type="checkbox"/> Class 7	<input type="checkbox"/> Class 6	<input type="checkbox"/> Class 5	<input type="checkbox"/> Class 4
GVWR: _____ lbs (33,001 lbs or greater)	GVWR: _____ lbs (26,001 – 33,000 lbs)	GVWR: _____ lbs (19,501 – 26,000 lbs)	GVWR: _____ lbs (16,001 – 19,500 lbs)	GVWR: _____ lbs (14,001 -16,000 lbs)
Engine Duty Cycle: <input type="checkbox"/> HDD <input type="checkbox"/> MHD <input type="checkbox"/> LHD		EPA Family Name:		
Engine Make:	Engine Model:	Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas		
Engine Serial Number:	Engine Horse Power:	Engine Model Year:		
Vehicle Type:				
<b>Pumper:</b> <input type="checkbox"/> Midship <input type="checkbox"/> PUC <input type="checkbox"/> Mini <input type="checkbox"/> Commercial <input type="checkbox"/> Rescue <input type="checkbox"/> Responder <input type="checkbox"/> Industrial		<b>Aerial:</b> <input type="checkbox"/> Rear Mount <input type="checkbox"/> Sky-Boom <input type="checkbox"/> Tiller <input type="checkbox"/> Ascendant <input type="checkbox"/> Platform – Rear Mount <input type="checkbox"/> Platform - Mid Mount		
<b>Wildland:</b> <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4 <input type="checkbox"/> Type 5 <input type="checkbox"/> Type 6 <input type="checkbox"/> Type 7		<b>Tender/Tanker:</b> <input type="checkbox"/> Elliptical <input type="checkbox"/> Dry Side		
<b>Rescue:</b> <input type="checkbox"/> Walk-In <input type="checkbox"/> Non-Walk-In <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Light Duty <input type="checkbox"/> Command		<b>Other:</b>		

## CURRENT USAGE

Address where vehicle is garaged (must be within SJVAPCD boundaries):			
Address:	City:	State:	Zip:
Annual percentage of vehicle miles traveled in <b>California</b> (as a percent of total, total not to be less than 75%): _____%			
Annual percentage of vehicle miles traveled within <b>District</b> (as a percent of total, total not to be less than 50%): _____%			
Annual Fuel Usage (gallons):	Annual Miles:	Annual Hours:	
Can garaged address be used as the start and end points of route: <input type="checkbox"/> Yes <input type="checkbox"/> No, start address:			
How many miles is the farthest stop that the truck travels?: _____ (example: 50 miles from start address)			

## REPLACEMENT VEHICLE

Vehicle Make:		Vehicle Model:		Model Year:	
Manufacturer Gross Vehicle Weight Rating (GVWR):					
<input type="checkbox"/> Class 8 GVWR: _____ lbs (33,001 lbs or greater)		<input type="checkbox"/> Class 7 GVWR: _____ lbs (26,001 – 33,000 lbs)		<input type="checkbox"/> Class 6 GVWR: _____ lbs (19,501 – 26,000 lbs)	
		<input type="checkbox"/> Class 5 GVWR: _____ lbs (16,001 – 19,500 lbs)		<input type="checkbox"/> Class 4 GVWR: _____ lbs (14,001 -16,000 lbs)	
Engine Duty Cycle: <input type="checkbox"/> HHD <input type="checkbox"/> MHD <input type="checkbox"/> LHD			EPA Family Name:		
Engine Make:		Engine Model:		Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas	
Engine Serial Number:		Engine Horse Power:		Engine Model Year:	
Proposed future operation within CA during Contract term (choose one): <input type="checkbox"/> At least 75% <input type="checkbox"/> 100%					
Vehicle Type:					
<b>Pumper:</b> <input type="checkbox"/> Midship <input type="checkbox"/> PUC <input type="checkbox"/> Mini <input type="checkbox"/> Commercial <input type="checkbox"/> Rescue <input type="checkbox"/> Responder <input type="checkbox"/> Industrial			<b>Aerial:</b> <input type="checkbox"/> Rear Mount <input type="checkbox"/> Sky-Boom <input type="checkbox"/> Tiller <input type="checkbox"/> Ascendant <input type="checkbox"/> Platform – Rear Mount <input type="checkbox"/> Platform - Mid Mount		
<b>Wildland:</b> <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4 <input type="checkbox"/> Type 5 <input type="checkbox"/> Type 6 <input type="checkbox"/> Type 7			<b>Tender/Tanker:</b> <input type="checkbox"/> Elliptical <input type="checkbox"/> Dry Side		
<b>Rescue:</b> <input type="checkbox"/> Walk-In <input type="checkbox"/> Non-Walk-In <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Light Duty <input type="checkbox"/> Command			<b>Other:</b>		

## REPLACEMENT VEHICLE DEALER INFORMATION

Dealership Name:		
Address:		
City:	State:	ZIP Code:
Contact Name:		
Phone Number:	Email:	

## THIRD PARTY INFORMATION

This section **must be completed** if any part of the application was filled out on your behalf by a third party. Please sign & date.

Contact Name:	Title:
Business Name:	Phone Number:
Cost of Services (not eligible for funding reimbursement):	Source of Funds to Pay for Third Party Services:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD funds may not be utilized to compensate me for my services.

Third Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENTS CHECKLIST

Attach the following to complete your application

- First page of IRS Form W-9**
- Resolution from the agency's board or council authorizing project application and identifying signing authority to implement the project (if applicable)**
- California DMV Registration.**
- Copy of vehicle title, free of any lien holders.**
  - Titles on which the lien holder has signed the release of interest for the truck will be accepted.
- Annual Usage for the past 24 months:**
  - Acceptable forms of usage documentation can include, but are not limited to, maintenance records showing the date and odometer reading, GPS Reports with date range and total miles traveled, and CHP Inspection forms with date and odometer reading.
- Copy of an itemized quote** for the replacement vehicle you would like to purchase.
- Proof of vehicle insurance for the past 24 months**
  - Must be domiciled in SJVAPCD.

**PLEASE SUBMIT ALL COMPLETED APPLICATION PACKETS BY MAIL OR EMAIL:  
(Please choose one method of application submittal to avoid duplicate submittals)**

SJVAPCD Strategies & Incentives, 1990 E. Gettysburg Ave, Fresno, CA 93726

Email: [grants@valleyair.org](mailto:grants@valleyair.org)

*(Subject line must indicate Emergency Vehicle Replacement Program & your name)*

## IMPORTANT REMINDERS

- **DO NOT PURCHASE NEW EQUIPMENT!** Vehicles funded by this program can only be purchased after contract is fully executed between the equipment owner and the District.
- **KEEP EXISTING VEHICLE REGISTERED AND IN OPERATION!** Maintain DMV registration and operable condition until the vehicle has been relinquished to a District-approved dismantler.