

Please return all completed applications to:  
 SJVAPCD Incentives Department  
 1990 East Gettysburg Avenue; Fresno, CA 93726-0244



**San Joaquin Valley**  
 AIR POLLUTION CONTROL DISTRICT

REMOVE II PROGRAM  
**Bikeway Incentive Program**  
**Application**

***Applicant Information***

1. Organization Name (as it appears on Form W-9):		
2. Address:		
3. City:	4. State:	5. ZIP Code:
6. County:		
7. Mailing Address (if different from above):		
8. City:	9. State:	10. ZIP Code:

***Primary Contact Information***

1. First Name:	2. Last Name:	
3. Title:	4. E-Mail:	
5. Phone Number:	6. Alternate Contact Number:	7. Fax Number:

***Contract Signing Authority***

1. First Name (Printed) :	2. Last Name (Printed) :	
3. Title:	4. Email:	
5. Phone Number	6. Alternate Contact Number:	7. Fax Number:

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

\_\_\_\_\_  
 Signing Authority Signature

\_\_\_\_\_  
 Date



