

## 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 three (3) heavy-duty diesel-fueled vehicles (with a Gross Vehicle Weight Rating (GVWR) greater than 14,000 lbs.). Owners of medium and large on-road vehicle fleets are **NOT** eligible to participate.
- **Existing Engine Model Year:** For replacement projects, the applicant must prove that the existing vehicle is equipped with a model year 2002 or older engine. For retrofit projects, the applicant must prove that the existing vehicle is equipped with a model year 2004 through 2006 engine.
- **Weight Range:** Applicant must prove that the existing vehicle meets the criteria for either a medium heavy-duty vehicle or a heavy heavy-duty vehicle as defined below:
  - To qualify for medium heavy-duty (MHD) funding levels, eligible vehicles must have a manufacturer Gross Vehicle Weight Rating (GVWR) of 19,501 or greater; **OR-**
  - To qualify for heavy heavy-duty (HHD) funding levels, eligible vehicles must have been registered by DMV with declared Combined Gross Vehicle Weight (CGW) range or declared Gross Vehicle Weight (GVW) range greater than 60,000 pounds for the previous 24 months. If 24 months of CGW or GVW documentation is not available, then the vehicle must meet all of the following conditions to be eligible for HHD funding levels:
    - The horsepower of the existing engine must be greater than 250 horsepower, and
    - Vehicle must have a manufacturer GVWR greater than 33,000 pounds, and
    - Current and valid vehicle registration must identify declared CGW greater than 60,000 pounds, and
    - Manufacturer verification of GVWR and horsepower must be provided with the application.
- **Vehicle Title:** Applicant must prove ownership of the existing vehicle for the previous twenty four (24) months.
- **Registration:** Applicant must prove that the existing vehicle has been registered in California for the previous twenty four (24) months.
- **Insurance:** Applicant must prove that the existing vehicle has been insured for the previous twenty four (24) months.
- **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 mileage or fuel usage requirements in Appendix O in each of the previous twenty four (24) months.
- **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
Company:
Owner:
Phone:
FAX:
E-mail:
<i>Option: attach business card</i>

Dealer Information
Dealership:
Salesperson:
Phone:
FAX:
E-mail:
<i>Option: attach business card</i>

√	Applicant Requirements
<input type="checkbox"/>	Completed application (signed & dated in ink)
<input type="checkbox"/>	Copy of existing vehicle title (no lienholder 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 <b>OR</b> <input type="checkbox"/> selected gallons per year consumed for previous twenty four (24) months
<input type="checkbox"/>	Copy of existing vehicle DMV Vehicle Registration (the previous twenty four (24) months – if existing vehicle is registered for part of a year, provide proof of registration for all months registered) <b>AND</b> Copy of existing vehicle insurance cards (for the previous twenty four (24) months)
<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"/>	Signed and dated quote and specification sheet for the replacement vehicle or retrofit device
<input type="checkbox"/>	ARB Executive Order for replacement vehicle engine or retrofit device
<input type="checkbox"/>	If replacement vehicle is used, provide a copy of the current title to show that the used replacement vehicle is not salvaged.
<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".

**VOUCHER INCENTIVE PROGRAM**  
Application

Date Received:  
(For office use only)

**Applicant Information**

Owner Name:		Company Name:	
Mailing address:			
City:	State:	Zip Code:	
Physical address:			
City:	State:	Zip Code:	
Owner E-mail:		Owner Phone:	

**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:		E-mail:	
Third Party Signature:		Date:	

**Existing Vehicle and Engine Information**

Two-for-One Option

<b>VEHICLE INFORMATION:</b>			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number:	License Plate Number:	Date of Manufacture:	
Odometer Reading:	Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DOT Number (if interstate):	CHP number (if applicable):	Fleet ID:	
Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over	Manufacturer GVWR:	GVW or CGW:	
<b>Engine Information:</b>			
Engine Make:	Engine Model:	Engine Model Year:	Date of Manufacture:
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)

<b>VEHICLE INFORMATION:</b>			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number (if available):	License Plate Number (if available):	Date of Manufacturer:	
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	Manufacturer GVWR:	GVW or CGW:	
<b>Engine Information:</b>			
Engine Make:	Engine Model:	Engine Model Year:	Date of Manufacture:
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 (%):	ARB-verified NOx reduction (%):
Retrofit device cost:	Cost of retrofit device with installation:

### Dealership/Retrofit Installer Information (or attach business card)

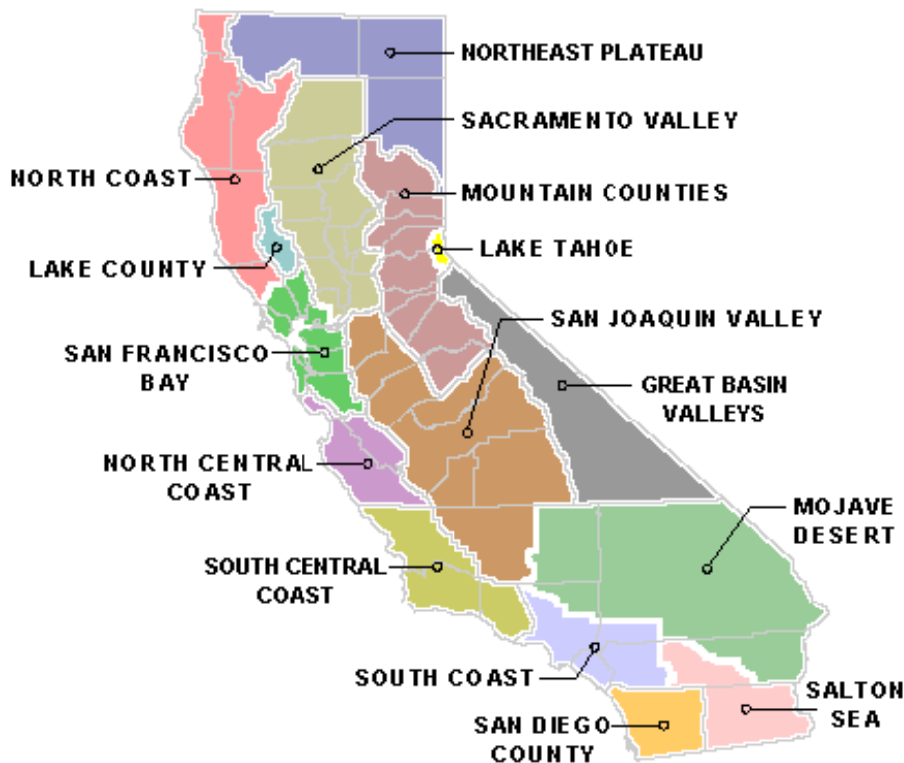
Contact Person:	Business Name:		
Phone:	Address:		
City:	State:	Zip Code:	

## Operational Area

Using the map below, estimate the percentage of your annual mileage or usage that will occur in each area. *This information is required, but will NOT affect your eligibility or potential funding amount.*

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:
	Salton Sea:
<i>Note: The total of all percentages must equal 100.</i>	

## California Air Basins



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

- I am the owner of the existing vehicle(s);
- The company is a small fleet, owning no more than three on-road heavy-duty diesel-fueled vehicles;
- The information provided in this application and all supporting documentation are true and correct and meet the minimum requirements of the Voucher Incentive Program;
- The existing vehicle(s) must have operated at least 75% of the time in California during each twelve (12) month period for the previous twenty four (24) months;
- I have not and will not apply for additional grant funds from any other entities or programs for this vehicle;
- 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;
- For a period of three years from delivery 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;
- If receiving funding according to heavy heavy-duty funding levels, I understand that I must register the replacement vehicle with the California Department of Motor Vehicles with a declared Gross/Combined Vehicle Weight range greater than 60,000 lbs;
- 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; 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 completing your application, please contact:*

**Voucher Incentive Program**  
**South Coast Air Quality Management District**  
**Technology Advancement**  
**Attn: Ashkaan Nikravan**  
**21865 Copley Drive**  
**Diamond Bar, CA 91765**

**Phone: (909)396-3260**

**Email: [anikravan@aqmd.gov](mailto:anikravan@aqmd.gov)**

## VOUCHER INCENTIVE PROGRAM

### Inspection Form

**Type of Inspection:**

<b>Existing Vehicle:</b> <input type="checkbox"/> Pre-Inspection <input type="checkbox"/> Pre-Dismantle <input type="checkbox"/> Dismantle
<b>Post-Inspection:</b> <input type="checkbox"/> Replacement Vehicle Post-Inspection <input type="checkbox"/> Retrofit Device Post-Inspection
<b>Legible Pictures:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Applicant Information**

<b>COMPANY NAME:</b>	<b>INSPECTION LOCATION:</b>
Owner Name:	
Address:	
City, State, Zip:	
Phone No:	

**Vehicle and Engine Information**

**EXISTING VEHICLE**  **REPLACEMENT VEHICLE**  **RETROFIT DEVICE**

<b>VEHICLE INFORMATION:</b>			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number:	License Plate Number:	Date of Manufacture:	
Odometer Reading:	Hour-meter Reading:	Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOT Number (if interstate):	CHP number:	Fleet ID:	
Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over	Manufacturer GVWR:	GVW or CGW:	
<b>Engine Information:</b>			
Engine Make:	Engine Model:	Engine Model Year:	Date of Manufacture:
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:		
<b>Retrofit Device Information (retrofit projects only):</b>			
Retrofit Make:	Retrofit Model:	Retrofit Serial Number:	

**For Pre-Dismantler Inspection ONLY, Specify**

DISMANTLER:	CONTACT NAME:	PHONE:
DMV title delivered and signed by owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No

**For Dismantler Inspection ONLY, Specify**

DISMANTLER:	CONTACT NAME:	PHONE:
Non-Repairable Vehicle Certificate Filed with DMV? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frame Rails Cut? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Engine Destroyed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:
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I certify under penalty of perjury that: (1) the information provided above is accurate, (2) the pictures are of the inspected vehicle (3) the pictures clearly depict the inspected vehicle, and (4) that I understand that this inspection form is incorporated in the agreement with the <air district>.

Signature:	Date:
Authorized Name:	
Air District / Dealership / Installer:	
Address:	
City, State, Zip:	
Phone No:	

### Required Photographs

- o Digital photos should be clear images with a minimum of 640x480 capture resolution. The district will specify the digital media used to save the pictures on.

(check the boxes and circles of pictures taken)

<p><b>Pre-inspection of existing vehicle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle from left side</li> <li><input type="checkbox"/> Vehicle from right side</li> <li><input type="checkbox"/> Vehicle from front</li> <li><input type="checkbox"/> Vehicle from back</li> <li><input type="checkbox"/> Vehicle Identification Number (VIN)</li> <li><input type="checkbox"/> Gross Vehicle Weight Rating (GVWR)</li> <li><input type="checkbox"/> Odometer reading</li> <li><input type="checkbox"/> Engine from drivers side</li> <li><input type="checkbox"/> Engine tag (if available)*               <ul style="list-style-type: none"> <li>o Engine make</li> <li>o Engine model</li> <li>o Engine serial number (ESN)</li> <li>o Engine family number</li> </ul> </li> <li><input type="checkbox"/> DOT / CHP Numbers</li> </ul>	<p><b>Post inspection of replacement vehicle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle from left side</li> <li><input type="checkbox"/> Vehicle from right side</li> <li><input type="checkbox"/> Vehicle from front</li> <li><input type="checkbox"/> Vehicle from back</li> <li><input type="checkbox"/> Vehicle Identification Number (VIN)</li> <li><input type="checkbox"/> Gross Vehicle Weight Rating (GVWR)</li> <li><input type="checkbox"/> Odometer Reading</li> <li><input type="checkbox"/> Engine from drivers side</li> <li><input type="checkbox"/> Engine tag               <ul style="list-style-type: none"> <li>o Engine make</li> <li>o Engine model</li> <li>o Engine serial number (ESN)</li> <li>o Engine family number</li> </ul> </li> <li><input type="checkbox"/> DOT / CHP Numbers</li> </ul>
<p><b>Pre-Dismantler inspection of existing vehicle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle from left side</li> <li><input type="checkbox"/> Vehicle from right side</li> <li><input type="checkbox"/> Vehicle from front</li> <li><input type="checkbox"/> Vehicle from back</li> <li><input type="checkbox"/> Vehicle Identification Number (VIN)</li> <li><input type="checkbox"/> Gross Vehicle Weight Rating (GVWR)</li> <li><input type="checkbox"/> Odometer Reading</li> <li><input type="checkbox"/> Engine from drivers side</li> <li><input type="checkbox"/> Engine tag (if available)*               <ul style="list-style-type: none"> <li>o Engine make</li> <li>o Engine model</li> <li>o Engine serial number (ESN)</li> <li>o Engine family number</li> </ul> </li> <li><input type="checkbox"/> DOT / CHP Numbers</li> </ul>	<p><b>Dismantler inspection of existing vehicle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle from left side</li> <li><input type="checkbox"/> Vehicle from right side</li> <li><input type="checkbox"/> Vehicle from front</li> <li><input type="checkbox"/> Vehicle from back</li> <li><input type="checkbox"/> Vehicle Identification Number (VIN)</li> <li><input type="checkbox"/> Odometer Reading</li> <li><input type="checkbox"/> Engine from drivers side</li> <li><input type="checkbox"/> Engine tag (if available)*               <ul style="list-style-type: none"> <li>o Engine make</li> <li>o Engine model</li> <li>o Engine serial number (ESN)</li> <li>o Engine family number</li> </ul> </li> <li><input type="checkbox"/> Cut in frame rails</li> <li><input type="checkbox"/> Hole in engine block (at least 3 inches wide)</li> </ul>
<p><b>Post inspection of retrofit device (retrofit projects only)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retrofit device</li> <li><input type="checkbox"/> Retrofit device tag               <ul style="list-style-type: none"> <li>o Retrofit make</li> <li>o Retrofit model</li> <li>o Retrofit serial number</li> </ul> </li> </ul>	

*\*If engine tag is missing, a picture of the ESN stamped on the engine block must be submitted*