EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

DMV Grant Voucher Program Claim for Payment Form

| Recipient Info | | | |
|--------------------------------------|-------------------|----------------|----------------------|
| Name: | | | |
| Dealership Name (if reimbursing deal | lership): | | |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| Phone No: | | Email Address: | |
| Voucher Info | | | |
| Grantee (Name on Voucher): | | | |
| Voucher No: | Voucher Amount: | | Purchase Date: |
| New Vehicle Type: | ZEV (\$4,000) | | PZEV (\$2,000) |
| Please include DMV Grant Vo | ucher and copy of | new vehicle s | sales receipt. |
| Print Name: | | | |
| Signature: | | | Date: |
| Date Received | ı | Validati | ion (for EKAPCD use) |
| | DMV: \$ | | |
| | Pay Dealership | | |
| | | Pay | y Grantee |
| | | | |

CMP - 08 10/1/21