

Appendix A

VEHICLE REPLACEMENT INFORMATION FORM Please Print or Type All Information on This Form

A. APPLICANT INFORMATION		
Organization/Company Name:		
Contact name:		
Street/mailling address:		
City:	State:	Zip code:
Phone:	Email:	

B. CURRENT VEHICLE (complete all that apply)	
1. Vehicle make:	2. Vehicle model:
3. Model year:	4. Fuel type:
5. Gross Vehicle Weight Rating (GVWR):	6. Vehicle function (e.g., passenger, local deliver, etc.):
7. Average annual miles traveled:	8. Percent vehicle operates within District boundaries:
9. Current total mileage:	10. Other vehicle information:

C. NEW VEHICLE	
1. Vehicle make:	2. Vehicle model:
3. Model year:	4. Fuel type:
5. Gross Vehicle Weight Rating (GVWR):	6. Vehicle function (e.g., passenger, local deliver, or line haul):
7. Estimated annual mileage:	8. Percent vehicle operates within District boundaries:
9. Estimated vehicle life (miles/years):	10. Other vehicle information:
11. Total cost of new vehicle:	12. Funds requested (20% min. match for ZEV, 40% min. match for other vehicles):
Emissions Class (Check one Box):	<input type="checkbox"/> ZEV <input type="checkbox"/> ATPZEV <input type="checkbox"/> PZEV <input type="checkbox"/> SULEV

***Attach copy of current vehicle registration**

***Attach completed MVERP Emission Reduction/Cost-Effectiveness Form from website**