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| **TRUCK REPLACEMENT APPLICATION** |
| I. APPLICANT INFORMATION |
| 1  | a. Applicant Name:  | b. DUNS Number:  |
| 2 | Applicant Address: |
| 3  | a. City: | b. State: | c. Zip + 4: |
| 4 | a. Contact Name: | b. Contact Title: |
| 5 | a. Contact Phone: | b. Contact Fax: |
| 6 | Contact Email: |
| II. EXISTING TRUCK INFORMATION: |
| 1 | Truck Storage Address: |
| 2 | a. City:  | b. County: | c. Zip Code: |
| 3 | Truck Type/Use (e.g. snow plow, dump truck):  |
| 4 | Class: [ ]  4, [ ]  5, [ ]  6, [ ]  7, [ ]  8 |
| 5 | [ ] Short Haul-Single Unit, [ ] Short Haul-Combo, [ ] Long Haul-Single Unit, [ ] Long Haul-Combo, [ ] Refuse Hauler (short </= 200 miles, long > 200 miles, single=truck on single frame, combo=tractor with at least 1 trailer) |
| 6 | a. Truck Manufacturer: | a. Truck Model: | b. Truck Model Year: |
| 7 | Type of Fuel: [ ]  Diesel  | Estimated Annual Fuel Usage for this Truck (gallons): |
| 8 | a. Cumulative Mileage: | b. Estimated Annual Mileage: | c. Annual Idling Hours:  |
| 9 | Vehicle Identification Number (VIN): |
| 10 | a. Engine Manufacturer: | b. Engine Model: | c. Engine Model Year: |
| 11 | Engine Serial Number: |
| 12 | Estimated remaining life (years): |
| III. NEW REPLACEMENT TRUCK INFORMATION |
| 1 | Truck Type/Use (e.g. plow truck, dump truck, refuse truck):  |
|  | Class: [ ]  4, [ ]  5, [ ]  6, [ ]  7, [ ]  8 |
| 2 | a. Truck Manufacturer : | a. Truck Model: | b. Truck Model Year: |
| 3 | Truck Type of Fuel: [ ]  ULSD, [ ]  CNG, [ ]  LNG, [ ]  LPG/Propane, [ ]  Electric, or [ ]  Other |
| 4 | Rebate: [ ]  50%, [ ]  60% if certified to meet CARB’s Low-NOx Standards, or [ ]  70% of an all-electric |
| 6 | a. Price of New Truck:  |
| 7 37. | a. Estimated Purchase Order Date: | b. Estimated Date of Truck Delivery: |
| 8 | a. Engine Manufacturer: | b. Engine Model: | c. Engine Model Year: |
| IV. SCRAPPING COMPANY/DISMANTLER INFORMATION |
| 1 | Describe Method of Disposal of Truck:  |
| 2 | Scrapping Company/Dismantler Name: |
| 3 | Contact Name: |
| 4 | Address: |
| 5 | a. City: | b. State: | c. Zip Code: |
| 6 | a. Phone: | b. Fax: |
| 7 | Email: |

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| TRUCK REPLACEMENT APPLICATION |
| V. TRUCK MANUFACTURER/DEALER INFORMATION |
| 1 | Truck Manufacturer/Dealer: |
| 2 | Contact Name: |
| 3 | Address: |
| 4 | a. City: | b. State: | c. Zip Code: |
| 5 | a. Phone: | b. Fax: |
| 6 | Email: |
| VI. APPLICANT’S CERTIFICATION |
| I certify that to the best of my knowledge the information contained in this application and in the supplemental material is correct and complete. I certify that the funding requested satisfies the eligibility requirements for this Program as represented in the Program Description and related materials. I certify that I understand that the funding under this Program is subject to restrictions and other conditions listed in the Program Description.  |
| j0434713[1] | The applicant will use the funding under this Program for the specific purposes defined in the Program Description.  |
| j0434713[1] | The applicant has received approval to apply and make use of the funding under this program.  |
| j0434713[1] | The applicant is not currently debarred or suspended from receiving federal funding. |
| j0434713[1] | The applicant agrees to complete scrappage of the truck being replaced. |
| j0434713[1] | The applicant certifies that all vendors will be selected in accordance with contracting laws. |
| I authorize DENR to make any necessary inquiries to verify the information that I have presented. I acknowledge that the information in this application is not confidential and may be released as required by the Program.  |
| Printed Name of Responsible Party: | Title: |
| Signature of Responsible Party: | Date: |

Applications are to be submitted by email to barb.regynski@state.sd.us or by mail to:

VW Rebate Program

SD DENR – AQ Program

523 E Capitol

Pierre, SD 57501