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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](mailto:barb.regynski@state.sd.us) or by mail to:

VW Rebate Program

SD DENR – AQ Program

523 E Capitol

Pierre, SD 57501