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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 | Type of Fuel: | ULSD, CNG, LNG, LPG/Propane, Gasoline, | Electric, or Other |
| 4 | Rebate: 35%, | 45% if certified to meet CARB’s Low-NOx Standards, or | 55% if an all-electric |
| 6 | a. Price of New Truck: |
| 7 | 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. |
|  | The applicant will use the funding under this Program for the specific purposes defined in the Program Description. |
|  | The applicant has received approval to apply and make use of the funding under this program. |
|  | The applicant is not currently debarred or suspended from receiving federal funding. |
|  | The applicant agrees to complete scrappage of the truck being replaced. |
|  | The applicant certifies that all vendors will be selected in accordance with contracting laws. |
| I authorize DANR 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 DANR – AQ Program 523 E Capitol

Pierre, SD 57501