

# 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: <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> 8	
5	<input type="checkbox"/> Short Haul-Single Unit, <input type="checkbox"/> Short Haul-Combo, <input type="checkbox"/> Long Haul-Single Unit, <input type="checkbox"/> Long Haul-Combo, <input type="checkbox"/> 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: <input type="checkbox"/> 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: <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> 8	
2	a. Truck Manufacturer:	a. Truck Model:      b. Truck Model Year:
3	Type of Fuel: <input type="checkbox"/> ULSD, <input type="checkbox"/> CNG, <input type="checkbox"/> LNG, <input type="checkbox"/> LPG/Propane, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Electric, or <input type="checkbox"/> Other	
4	Rebate: <input type="checkbox"/> 35%, <input type="checkbox"/> 45% if certified to meet CARB's Low-NOx Standards, or <input type="checkbox"/> 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:	

## 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.

<input checked="" type="checkbox"/>	The applicant will use the funding under this Program for the specific purposes defined in the Program Description.
<input checked="" type="checkbox"/>	The applicant has received approval to apply and make use of the funding under this program.
<input checked="" type="checkbox"/>	The applicant is not currently debarred or suspended from receiving federal funding.
<input checked="" type="checkbox"/>	The applicant agrees to complete scrappage of the truck being replaced.
<input checked="" type="checkbox"/>	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](mailto:barb.regynski@state.sd.us) or by mail to:

VW Rebate Program  
 SD DANR – AQ Program  
 523 E Capitol  
 Pierre, SD 57501