

**AB 118: ZERO-EMISSION AGRICULTURAL UTILITY TERRAIN VEHICLE  
(AGRICULTURAL UTV) REBATE PROJECT**

**VEHICLE ELIGIBILITY APPLICATION**

This is an application for vehicles to be included on the list of vehicles eligible for the California Air Resources Board’s (ARB) Agricultural UTV Rebate Project. This application must be completed, submitted to ARB, and vehicle must receive approval prior to the vehicle being eligible for a rebate. ARB reserves the right to request additional information or clarification of information provided in this application. This application applies to and must be completed by the original vehicle manufacturer or its legal representative.

**Part I: Vehicle Manufacturer Information**

1. Manufacturer Name:		
2. Manufacturer Contact Name and Title:		
3. Business Mailing Address and Contact Information		
Street:		
City:	State:	Zip Code:
Phone: (    )	Fax: (    )	
E-mail:		

In the table below, please provide the year, make, and model for the vehicle(s).

**Table 1: Vehicle Information**

Model Year	Vehicle Make	Vehicle Model

**Part II: Verification of Vehicle Eligibility**

Please provide manufacturer vehicle specifications and other information as attachments to this form for each vehicle model listed in Table 1. ARB reserves the right to request additional information to complete the vehicle eligibility evaluation.

- Vehicle specifications sheet that demonstrates the vehicle meets the specification and performance thresholds described in Section 2.3.3 of the Agricultural UTV Rebate Project Implementation Manual.

- Warranty provisions
- After sales service provisions
- MSRP price sheets
- Briefly describe information provided to vehicle dealers or purchasers regarding proper disposal of the vehicle battery and how this information is conveyed in product literature.

I hereby certify that all information provided in this application and any attachments are true and correct. Submission of false information on this form is punishable under penalty of perjury under the laws of the State of California.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Mail this application and all supporting documentation to:

Meri Miles  
 Air Resources Board  
 Mobile Source Control Division  
 P.O. Box 2815  
 Sacramento, CA 95812