

TRUCK INFORMATION

Complete one (1) Form D2 per truck

Please ensure **ALL** fields are filled out and completed as accurately as possible to ensure timely review and processing.

Current (Existing) Truck Activity Information

Address where truck is garaged (must be within SJVAPCD boundaries):	
Address: _____ City: _____ State: _____ Zip: _____	
Annual % of vehicle miles traveled w/i District boundaries:	Annual % of vehicle miles traveled in California :

Current (Existing) Truck and Engine Information

Truck Make:		Truck Model:		Truck Model Year:	
Vehicle Identification Number (VIN):		Fleet ID (Unit #):		License Plate Number (if applicable):	
Manufacturer Gross Vehicle Weight Rating (GVWR) - Refer to the sticker found in the door jamb of your truck for the correct GVWR. This is not the number registered with the DMV. See www.valleyair.org/grants for an example picture. Choose the correct class for your truck from one of the options below:					
<input type="checkbox"/> Class 7 GVWR: _____ lbs. (26,001 – 33,000 lbs.)			<input type="checkbox"/> Class 8 GVWR: _____ lbs. (33,001 lbs. or greater)		
Engine Make:		Engine Model:		Engine Model Year:	
				Engine Serial Number:	
EPA Family Name:		Horsepower Rating:		Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Other (Ineligible)	
Is the truck operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, truck is ineligible			Does the truck have an aftermarket DPF currently installed? <input type="checkbox"/> No <input type="checkbox"/> Yes (provide picture of data tag)		
Does the truck operate on public roadways? <input type="checkbox"/> No, only on private property <input type="checkbox"/> Yes, explain: _____					
Is the truck used seasonally? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify when: _____					

For “On-Road” Certified Engines Only:

Odometer Reading: _____ <input type="checkbox"/> Dash <input type="checkbox"/> Hub	Annual Operation (in miles): _____
Engine Duty Cycle: <input type="checkbox"/> HHD <input type="checkbox"/> MHD	

For “Off-Road” Certified Engines Only:

Engine Hour Meter Reading: _____	Annual Operation (in hours): _____
Engine Tier: <input type="checkbox"/> Uncontrolled (Tier 0) <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 (ineligible)	

New Replacement Truck and Motor Information

Truck Make:	Truck Model:	Truck Model Year:
Manufacturer Gross Vehicle Weight Rating (GVWR) - Refer to the sticker found in the door jamb of your truck for the correct GVWR. This is not the number registered with the DMV. See www.valleyair.org/grants for an example picture. Choose the correct class for your truck from one of the options below:		
<input type="checkbox"/> Class 7 GVWR: _____ lbs. (26,001 – 33,000 lbs.)		<input type="checkbox"/> Class 8 GVWR: _____ lbs. (33,001 lbs. or greater)
Motor Make:	Motor Model:	Motor Model Year:
EPA Family Name:	Kilowatt Rating (kW):	Fuel Type: <input type="checkbox"/> Electric (all electric)
Total Cost of New Equipment:		Tax Rate:

New Replacement Equipment Dealer Information

Dealership Name:		
Dealership Address: _____ City: _____ State: _____ Zip: _____		
Sales Representative Name:	Phone Number:	Email:

Third Party Information

This section must be completed **only** if any part of the application was filled out on your behalf by a third party. Please sign and date.

Third Party Contact Name:	Third Party Contact Title:
Third Party Business Name (if applicable):	
Third Party Phone Number:	Third Party Email:
Cost of Services Rendered by Third Party (if applicable, not eligible for funding):	Source of Funds to Pay for Third Party Services:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and the SJVAPCD funds may not be used to compensate me for my services.

Third Party Signature: _____

Date: _____