EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

DMV Grant Voucher Program Claim for Payment Form

Recipient Info				
Name:				
Dealership Name (if reimbursing deale	ership):			
Mailing Address:				
City:		State:	Zip Code:	
Phone No:		Email Address:		
Voucher Info				
Grantee (Name on Voucher):				
Voucher No:	Voucher Amount:		Purchase Date:	
Please include DMV Grant Vou	icher and copy of	new vehicle	sales receipt.	
Print Name:				
Signature:			Date:	
Date Received		Validat	ion (for EKAPCD use)	
		DMV: \$		
	Pay Dealership			
	Pay Grantee			

CMP - 08 10/1/23