Appendix A

VEHICLE REPLACEMENT INFORMATION FORM
Please Print or Type All Information on This Form

A. PROPOSER INFORMATION			
Organization/Company Name:			
Contact name:			
Street/mailing address:			
City:		State:	Zip code:
Phone:	Email:		

B. CURRENT VEHICLE (complete all that apply)	
1. Vehicle make:	2. Vehicle model:
3. Model year:	4. Fuel type:
5. Gross Vehicle Weight Rating (GVWR):	6. Vehicle function (e.g., passenger, local deliver, etc.):
7. Average annual miles traveled:	8. Percent vehicle operates within District boundaries:
9 Current total mileage:	10. Other vehicle information:

C. NEW VEHICLE	
1. Vehicle make:	2. Vehicle model:
3. Model year:	4. Fuel type:
5. Gross Vehicle Weight Rating (GVWR):	6. Vehicle function (e.g., passenger, local deliver, or line haul):
7. Estimated annual mileage:	8. Percent vehicle operates within District boundaries:
9 Estimated vehicle life (miles/years):	10. Other vehicle information:
11. Total cost of new vehicle:	12. Funds requested (10% min. match for ATPZEV & ZEV, 20% min. match for other vehicles):
Emissions Class (Check one Box): ☐ ZEV ☐ ATPZEV ☐ PZEV ☐ SULEV	

***Attach copy of current vehicle registration**

***Attach completed MVERP Emission Reduction/Cost-Effectiveness Form from website**