

United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686
Expiration Date: 10/31/2015

			Fundir	ng Year		Target Fleet			Reba	ate Type		
Applic	cant Information											
Orga	anization Name											
Addı	ress											
City				Coi	unty/Parish			State		ZIP		
Emp	loyer/Taxpayer No /E	N/TIN)			DUNS	Code				anization i gniz∈d tril		
Eligible Entity Information Private Fact Owne Apraca ts Dnl) Private fleet owners are able to apply for funding from all National Clean Dieser Repate Program of the vehicle(s) of equipment, for which funding is being requested, are currently contracted or leased to an eligible entity, an eligible entity is a federal, regional, state, local, or tribal agency or port authority with jurisdiction over transportation or air quality. For additional information regarding private fleet applicants and eligible entities, please refer to the Program Guide.												
E	ligible Entity Type		Eligible	Entity	Name			Eligible E	Entity Lo	cation (Co	ounty, St	ate)
	I certify the fleet of									t the requi	rements	for
	private fleets as de	escribed	d above	and in	the terms and	d conditions with	nin the	Program	Guide.			
Origin	al Vehicle											
	Vehicle Identification Number	Engine Model Year	Gross Vehicle Weight	Vehicle Class	Engine Manufacturer	Engine Family Name	Annua Miles	I FIIPI	Annual Idling Hours	Locati Opera County		Rebate Amount*
1												
2												
3												
4												
5												
	Does your school t	transpo	rtation p	rovider	have an idle	reduction policy	y?		Tota	al Funds R	equested	
	I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide. *Please see the Program Guide for eligible rebate amounts											
	I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.											
Applic	cant Signature	<u>'r(</u>	<u>O(</u>	gr	<u>ran</u>	<u>n C</u>		OS	e	<u>d</u>		
	By signing, I certify the knowledge. If selected	ed for fu	ınding, l	agree	to provide the	e required docur	mentat	tion and a	ssuranc	es necess	sary for fu	unding.
	ling for the National Cl <u>e</u> for additional fundin			oate Pro	ogram is subj	ect to continuin	g fede	ral approp	riations	. Please s	see the F	<u>'rogram</u>
Auth	orized Representative	Name										
Title			Emai	ı					P	hone		
Auth	orized Representative	Signat	ure							Date		

Rebate Application Instructions EPA Form 5600-260

Applicant Information				
Item:	Entry:			
Organization Name	Enter the legal name of Applicant applying for the rebate.			
Address	Enter the Street Address where the Applicant is located.			
City	Enter the City where the Applicant is located.			
County / Parish	Enter the County / Parish where the Applicant is located.			
State	Enter the State where the Applicant is located.			
Zip	Enter the Zip where the Applicant is located.			
Employer / Taxpayer Number (EIN/TIN)	Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.			
Organizational DUNS Code	Enter the Applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. To obtain a DUNS number, please visit www.dnb.com .			
Tribal Government	For Federally recognized Indian tribal governments only, certify this designation applies.			
Eligible Entity Type	For Private Fleet Owner Applicants Only - In order to be eligible to apply for rebate funding, the Applicant must be the owner of record of the vehicle, and that vehicle must be operated pursuant to a contract, license, or lease with one of the following entities with jurisdiction over transportation or air quality:			
Liigibio Liidiy Typo	a. federal department or agency b. regional, state, local, or tribal government or agency			
	List the type of the entity with which the Applicant has a current contract, license or lease for operation of the vehicle or fleet (e.g., "state agency").			
Eligible Entity Name	For Private Fleet Owner Applicants Only - Enter the name of the entity with which the Applicant has a current contract, license, or lease for operation of the vehicle or fleet (e.g., "Tennessee Department of Environment").			
Eligible Entity Location (City, State)	For Private Fleet Owner Applicants Only - Enter the location (city and state) where the Eligible Entity with which the Applicant has a current contract, license, or lease is located.			
Eligible Entity Certification	For Private Fleet Owner Applicants Only - Check the box to certify that the Applicant's fleet of vehicle(s), for which rebate funds for replacement are being requested, meet the requirements for private fleets as described above and in the Program Guide.			

Original Vehicle					
Item:	Entry:				
Vehicle Identification Number	Enter the Vehicle Identification Number of the original vehicle.				
Engine Model Year	Enter the model year of the engine in the original vehicle.				
Gross Vehicle Weight Rating	Enter the vehicle's GVWR, the maximum operating weight.				
Vehicle Class	This field is automatically populated based on GVWR.				
Engine Manufacturer	Enter the manufacturer of the original engine.				
Engine Family Name	Enter the family name of the original engine.				
Annual Miles	Enter the vehicle miles traveled per year.				
Annual Fuel Consumption	Enter the amount of fuel used in gallons/year.				
Annual Idling Hours	Enter the average number of hours the vehicle idles per year.				
Location of Operation	Enter the county and state where the vehicle primarily operates.				
Rebate Amount	This field is automatically populated based on vehicle class.				
Idle Reduction Policy	Indicate if the Applicant's transportation provider has an idle reduction policy for the vehicle(s) listed for replacement.				

Certification				
Eligibility Certification	Check the box to certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.			
Scrappage Certification	Check the box to certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.			
Statement Certification	Check to the box to certify that the statements and information provided in this application are true and accurate to the best of the Applicant's knowledge. By checking the box, Applicant agrees to provide the required documentation and assurances necessary for funding.			

Authorized Representative				
Name, Title, Email, Phone, Signature, Date	To be signed and dated by the authorized representative of the Applicant organization. Enter the name (first and last name required), title (required), email address (required), telephone number (required), and of the person authorized to sign for the Applicant.			

Application packages must include copies of the title and registration for each bus to be replaced. Please review the Program Guide (see Appendix D - Rebate Application Checklist) to ensure all program requirements have been met before submitting application packages to CleanDieselRebate@epa.gov.

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. **Do not** send the completed form to this address.