

## FORM 1: SIGNATURES AND CONTACTS

### Part 1: Signature Page

Applicant/Company Name:

Type of Company:

☐ Licensed Motor Carrier    ☐ Fleet Owner    ☐ Independent Owner  
☐ Leasing Company    ☐ Other: \_\_\_\_\_

**Identification Number (nine digit # as given by the Secretary of State Office)**

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**Certifications**

I have read the Application and Grant Eligibility Requirements and agree to **ALL** the following terms and conditions by initialing each of the following sections:

Initial \_\_\_\_\_

Applicant fully understands that the RIDEM State DERA Fund is a five (5) year program commitment.

Initial \_\_\_\_\_

For the duration of the program commitment, the Participant Replacement Vehicle or Qualifying Vehicle, must perform five hundred (500) hours of operation per year within the State of Rhode Island. (250 hours for agricultural pumps).

Initial \_\_\_\_\_

For vehicle replacement purchases that utilize alternative fuel technology (hybrid-diesel electric, CNG, or BEV), it is the applicant's responsibility to identify if locations for fueling/charging infrastructure for the new equipment is readily available.

Initial \_\_\_\_\_

Applicant fully understands that the RIDEM State DERA Fund is a cost sharing program, and it is the applicant's responsibility to cover the remaining balance after the reimbursement grant amount has been applied.

Initial \_\_\_\_\_

Applicant will not purchase the new vehicle or technology until receiving an executed Grant Agreement and approval from the Program Manager. Any new truck or technology purchased prior to Grant Agreement execution is ineligible for the reimbursement amount.

Initial \_\_\_\_\_

The Program Manager maintains the right to inspect the old vehicle prior to vehicle scrappage and new technology replacement, at any time during the Grant Agreement period.

Initial \_\_\_\_\_

I have read and agree to the conditions and requirements of the RIDEM State DERA Fund as stated in this program document and the State Diesel Emission Reduction Act Grant Program Information Guide.

**AUTHORIZED OFFICIAL: APPLICANT OR EMPLOYEE OF THE APPLICANT AUTHORIZED TO APPLY**

I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct. If the application was prepared by a third party, I certify that I have read the complete application after all forms and information were completed. I agree with the information provided, and the date provided below is the data I signed the form. I further understand that prior to incorporating these forms and information into a rebate Grant Agreement, the data and information may be revised by RIDEM Project Manager for accuracy and that our acceptance of a Grant Agreement will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting Grant Agreements voidable. Intentional falsification of these forms will be prosecuted to the extent allowed under law and may be used as an adverse factor in future awards.

Signature of Authorized Official:

Print Name of Authorized Official:

Date:

## FORM 1: SIGNATURES AND CONTACTS

### Part 2: Designation of Officials and Access to Records Location

<b>AUTHORIZED OFFICIAL:</b> The person signing this application		
Name:		
Title:		
Mailing address:		
Physical address:		
Main Phone Number:	Secondary Number:	
Fax Number:	Email Address:	
<b>DESIGNATED PROJECT REPRESENTATIVE:</b> The applicant or an employee of the applicant who will serve as the contact and will be responsible for receiving and submitting the funding participant agreement documents, including annual usage reports.		
<input type="checkbox"/> Same as authorized		
Name:		
Title:		
Mailing address:		
Physical address:		
Main Phone Number:	Secondary Number:	
Fax Number:	Email Address:	
<b>FINANCIAL OFFICER (IF APPLICABLE)</b>		
<input type="checkbox"/> Same as authorized		
Name:		
Title:		
Mailing address:		
Physical address:		
Main Phone Number:	Secondary Number:	
Fax Number:	Email Address:	
<b>DESIGNATED LOCATION FOR RECORDS ACCESS AND REVIEW BY RIDEM OR ITS REPRESENTATIVE</b>		
Physical Address:		Phone:
City:	State:	ZIP Code:

## FORM 2: APPLICATION COVER SHEET

# Non-Road DERA APPLICATION

COMPANY NAME:

APPLICANT NAME:

EMAIL:

PHONE NUMBER:

NUMBER OF POTENTIAL VEHICLES:

(Please submit a new application for every different vehicle)

## EXISTING VEHICLE(S) INFORMATION

(NON ROAD ONLY) Current Engine Tier

☐ Tier 0/Unregulated

☐ Tier 1

☐ Tier 2

☐ Tier 3

☐ Tier 4

(NON ROAD) Fuel Type: (select one)

☐ Diesel

☐ Biodiesel

(ON ROAD ONLY) Gross Vehicle Weight Rating (GVWR): (select one)

☐ Class 5 (16,001 to 19,500 lbs. GVWR)

☐ Class 6 (19,501 to 26,000 lbs. GVWR)

☐ Class 7 (26,001 to 33,000 lbs. GVWR)

☐ Class 8 (33,001 lbs. GVWR or greater)

(ON ROAD) Fuel Type: (select one)

☐ Diesel

☐ Biodiesel

Number of Trips to Port:

☐ Under 150 per year

☐ Equal or Over 150 per year

Vehicle/Equipment Make:

Vehicle Identification Number (VIN):  
(If available)

Vehicle/Equipment Model Year:

Engine Make:

NON ROAD Engine Model Year:

- Tier 0-2 can be replaced by a Tier 4
- Tier 3 can only be replaced with a Tier 4
- Tier 4 can only be replaced by a ZEV

ON ROAD Engine Model Year:

- If 2010 or newer only available for Zero Emission or Low-NOx replacement

Engine Family Name (12-digits):

Engine Horsepower:

(ON ROAD) Current Odometer Reading on Truck:

(ON ROAD) Estimated annual VMT (miles):

(ON ROAD) Estimated annual VMT in Providence-Warwick Metro Area:

Engine Cylinder Displacement: (If available)	
Engine Number of Cylinders: (If available)	
(NON ROAD) Estimated annual hours of active use:	
Estimated annual hours of idling:	
Estimated annual fuel consumption (gallons):	
<b>REPLACEMENT VEHICLE(S) INFORMATION</b>	
(NON ROAD) New Engine Tier: <div><input type="checkbox"/> Tier 3                      <input type="checkbox"/> Tier 4                      <input type="checkbox"/> ZEV                      <input type="checkbox"/> Fuel Cell</div>	
Fuel Type:	
Make:	
Model:	
(NON ROAD and ON ROAD) Model Year: (2021+ required, 2017+ for DRAYAGE only)	
Estimated cost of new vehicle/engine : (includes parts, equipment, labor, taxes, etc.)	
New estimated annual fuel consumption:	