

Dahata Dasiniant

2020 Clean Diesel Rebate Program

Request for Reimbursement: Diesel Truck

| Repate Recipient. | | - | |
|--|--|--|-----------------------------------|
| Recipient Address: | | | |
| Street | City State Zip | | |
| Rebate Amount: \$ | | Phone Number: | |
| (CNG: 35% of base purchase price, max. \$12 | 20,000 per truck; Diese | i: 25% of base purchas | e price, max. \$70,000 per truck) |
| SECTION 1. NEW VEHICLE INFORMATION | TRUCK 1 | TI | RUCK 2 |
| Fuel Type | | | |
| Delivery Date | | | |
| Purchase Price | | | |
| Gross Vehicle Weight Rating | | | |
| Vehicle Manufacturer | | | |
| Vehicle Model | | | |
| Vehicle Year | | | |
| VIN (vehicle identification number) | | | |
| Engine Manufacturer | | | |
| Engine Model | | | |
| Engine Model Year | | | |
| EPA Engine Family: Include photograph of new engine plate | | | |
| Engine Horsepower | | | |
| SECTION 2. PAYMENT INFORMATION REQU | JIRED | | |
| The following payment items must be attach | ed to this form: | | |
| □ Copy of purchase order □ Copy of paid invoice □ Copy of proof of payment (e.g. cancelle statement showing check was cashed) □ Side-profile photograph(s) of the new tree □ Photograph(s) of engine label(s) showin □ Completed Nebraska Substitute Form V of cleared check (payments of over \$25 | uck(s) ng EPA Engine Far V-9 and ACH Enrol | nily identifier Ilment Form w/ void | ded blank check or photocopy |
| SECTION 3. SCRAPPAGE REQUIREMENTS | | | |
| The truck(s) being replaced must be scrapped of | or rendered permar | nently disabled with | nin 90 days of replacement |

The truck(s) being replaced must be scrapped or rendered permanently disabled within 90 days of replacement and prior to the submission of this reimbursement request to NDEE. The older truck(s) being replaced must be scrapped and permanently disabled by:

- 1. Cutting, drilling, or punching a 3" by 3" hole completely through the wall of the engine block, and;
- 2. Cutting completely through the chassis frame rails on each side of the bus between the front and rear axles.

| Proof of Scrappage: | | | |
|--|--|--|--|
| Proof of scrappage must be provided with this form. The following documentation is required: | | | |
| U.S. EPA Diesel Emission Reduction Program Certificate of Engine/Chassis Destruction form signed by the party responsible for dismantling the vehicle, and including: The name and address of the dismantler Identification of the old vehicle and engine including model year, VIN, and engine serial number The dates the vehicle was accepted and scrapped by the dismantler. | | | |
| | | | |
| Photographs of the following: 1. Side profile of the vehicle clearly showing it has been disabled 2. Vehicle Identification Number (VIN) 3. The engine label(s) that include: a. Engine serial number b. EPA Engine Family identifier 4. Chassis frame rails cut in half 5. Engine block, prior to hole being cut 6. Engine block, after hole has been cut 7. Other photos as needed Scrappage may be completed by the rebate recipient or by a salvage yard, or similar service, provided all scrappage requirements have been met and all necessary documentation is provided. The rebate recipient is responsible for ensuring that the required scrappage photographs are acquired and submitted. Equipment and vehicle components that are not part of the engine or chassis may be salvaged from the unit being replaced (e.g. plow blades, shovels, seats, tires, etc.). If scrapped or salvaged parts are to be sold, the resulting income may be retained by the rebate recipient but must be reported to NDEE as program income. | | | |
| Salvage Income: \$ | | | |
| SECTION 4: CERTIFICATION | | | |
| I hereby certify that the expenses requested for reimbursement are in accordance with the grant agreement and that complete and accurate records are being kept to substantiate such expenses. I further acknowledge that an inspection by NDEE, verifying the vehicle(s) was/were purchased in accordance with the grant agreement, may be required before reimbursement is approved. | | | |
| Print Name of Authorized Representative Title of Authorized Representative | | | |
| Signature of Authorized Representative Date Signed | | | |

Submit the original signed Request for Reimbursement form and a copy of all supporting documentation to:

Nebraska Clean Diesel Rebate Program
Nebraska Department of Environment and Energy
P.O. Box 98922
Lincoln NE 68509-8922
NDEE.AirQuality@nebraska.gov

Questions? Please call (402) 471-4272, toll free (877) 253-2603 or email us at NDEE.AirQuality@nebraska.gov

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