

## 2024 Clean Diesel Rebate Program Request for Reimbursement: Diesel Truck

Rebate Recipient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Recipient Address: \_\_\_\_\_  
Street City State Zip

Rebate Amount: \$ \_\_\_\_\_ Email: \_\_\_\_\_

(**CNG**: 35% of base purchase price, max. \$160,000 per truck; **Diesel**: 25% of base purchase price, max. \$100,000 per truck)

SECTION 1. NEW VEHICLE INFORMATION	TRUCK 1	TRUCK 2
Fuel Type		
Delivery Date		
Purchase Price		
VIN (vehicle identification number)		
Vehicle Manufacturer		
Vehicle Model		
Vehicle Year		
Nebraska Vehicle License Plate Number		
Gross Vehicle Weight Rating (lbs)		
Engine Manufacturer		
Engine Model		
Engine Model Year		
EPA Engine Family: <b>Include photograph of new engine plate</b>		
Engine Horsepower		

SECTION 2. PAYMENT INFORMATION REQUIRED
<p><b>The following payment items must be submitted with this form for each new truck:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of purchase order</li> <li><input type="checkbox"/> Copy of paid invoice</li> <li><input type="checkbox"/> Copy of proof of payment (e.g. cancelled check front and back, credit card payment receipt, or bank statement showing check was cashed)</li> <li><input type="checkbox"/> Copy of Nebraska vehicle registration</li> <li><input type="checkbox"/> Side-profile photograph(s) of the new truck(s)</li> <li><input type="checkbox"/> Photograph(s) of engine label(s) showing EPA Engine Family identifier</li> <li><input type="checkbox"/> Completed EPA MBE/WBE Utilization Form</li> <li><input type="checkbox"/> Completed State of Nebraska W-9 and ACH Enrollment Form w/ voided blank check or photocopy of cleared check (payments of over \$25,000 must be made electronically through the ACH system)</li> </ul>

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### SECTION 3. SCRAPPAGE REQUIREMENTS

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:

- ☐ Completed NDEE Certification of Engine/Chassis Scrappage form signed by the rebate recipient representative and the party responsible for dismantling the vehicle and engine.
- ☐ Photographs of the following for each vehicle:
  1. Side profile of the vehicle clearly showing it has been disabled
  2. Vehicle Identification Number (VIN)
  3. Chassis frame rails cut in half
  4. The engine label(s) that include:
    - a. Engine serial number
    - b. EPA Engine Family identifier
  5. Engine block, prior to hole being cut
  6. Engine block, after hole has been cut

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 scrapped. 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: COMMENTS

Please identify any problems or challenges that you encountered during this project.

### SECTION 5: CERTIFICATION

I hereby certify that the expenses requested for reimbursement are in accordance with the grant agreement and that complete and accurate records of these expenses are being kept. 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  
245 Fallbrook Blvd., Suite 100  
Lincoln NE 68509-8922 [NDEE.AirGrants@nebraska.gov](mailto:NDEE.AirGrants@nebraska.gov)

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