

Application for Truck Replacement Funding (Proposition 1B Only Funding)

Port of Long Beach and Port of Los Angeles Clean Trucks Program

Checklist to apply for a Clean Truck

To obtain a new, clean Port drayage truck, applicants must complete eleven steps, listed below. After review of the application, additional supporting documentation may be requested. Applicants will be contacted at the primary contact phone number provided in Application Form B – Applicant Details. All paperwork must be provided to the Ports’ Grant and Concession Administrator at the Clean Trucks Center located on Terminal Island at the corner of Pier S Avenue and New Dock Street. The Center has bi-lingual advisors to assist applicants to fill out the various forms and to answer questions about the Clean Trucks Program.

All applicants must:

- 1. Provide a signed and completed application. This includes Application forms A through G.
- 2. Provide a copy of the **DMV title** for the Class 8 vehicle(s) to be replaced.
- 3. Complete and sign an IRS W-9 form (Grant Application form G).
- 4. Provide a copy of current and prior two years of California **DMV registration** or a **DMV printout of registration payments** for the vehicle.
- 5. Provide a copy of a valid Transportation Worker Identification Credential (**TWIC**) **card, front and back** (if applicant is not a Port Concessionaire). Applicant may provide a receipt of his/her TWIC enrollment submission, showing status as pending issuance of a TWIC card and in receipt of a disqualified notice. However, the applicant will not be allowed to take possession of a program truck or receive grant funds until the applicant receives a valid TWIC card and provides a copy of it.
- 6. Provide a copy of a valid **California Driver’s License, front and back** (applicable to individuals).
- 7. Submit digital photographs of the truck to be replaced showing:
 - A. Front
 - B. Left side
 - C. Right side
 - D. Rear
 - E. VIN
 - F. Engine serial number (or stamped project number)
 - G. Odometer
 - H. License Plate

Note that the Ports’ Grant and Concession administrator can take the necessary pictures when the truck to be replaced is inspected at the Clean Trucks Center (phone 888-KLN-TRUX). Applicants may submit the required photos following approval of the application if necessary.

- 8. Provide documentation that the truck to be replaced has been used to move goods in California. The Grant and Concession administrator will attempt to confirm this electronically but may require additional documentation including a letter of experience from the applicant's primary motor carrier, pay stubs, and/or other documentation.
- 9. Provide the truck to be traded in and scrapped for inspection by the Ports' Grant and Concession administrator in the Clean Trucks Center, located at New Dock Street and Pier S Avenue. It is the applicant's responsibility to schedule an inspection and bring the truck to the Clean Trucks Center.
- 10. Arrange for payment of the applicant's portion of the total cost of the truck.
- 11. Deliver the old truck to the selected dealership before the applicant can take possession of the replacement truck.

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form A – Notice of Obligations**

Awards for replacement drayage trucks made through the Clean Trucks Program may be a combination of State and Port funds. All applicants that receive awards must agree to several operational and reporting requirements. Please read the following statements and certify that you understand your obligations if you receive an award.

I understand that if I receive an award from the San Pedro Bay Ports Clean Trucks Program I must (Please read and initial next to each item):

1. _____ Commit to either **8 years (4 years if award is pro-rated) or 350,000 miles, of 100% California-only operation** and California based registration. Dual plates, International Registration Plan (IRP), and any other out-of-state registrations are prohibited.
2. _____ Travel at least **50% of the vehicle annual miles within the identified trade corridors** in the Regions of Operation portion of this application (page 8). Compliance will be assessed on an annual basis.
3. _____ Make a **minimum of 150 trips per year for 4 years**, to the San Pedro Bay Ports, in compliance with Port tariffs and requirements for Port drayage.
4. _____ Agree to accept the installation of an Automatic Vehicle Locator (AVL) device, Radio Frequency Identification (RFID) device, and California Air Resources Board (CARB) Drayage Truck Registry (DTR) sticker. These devices may be used to monitor the location and operation of the awarded truck.
5. _____ Make the old truck available for pre-award inspections and destruction and make the new truck available for inspection after the award is made.
6. _____ Have already paid or otherwise settled all outstanding violations, including but not limited to CARB violations, against the old truck. Applicants with outstanding violations at the time of application will be ineligible for funding during the current round of solicitations but may reapply in subsequent solicitation periods.
7. _____ Keep all documents relating to the award and the operation of the new truck for at least two years after the end of the contract or three years after final payment is received, whichever is later.
8. _____ Provide annual reporting including, but not limited to, the following
 - Updated contact information (owner name, address, phone, etc.)
 - Proof of California registration
 - Annual vehicle miles of travel (including mileage/activity logs for documentation)
 - Certification of California-only operation (including certification that permits were not utilized to make out-of-state trips).
 - Certification and documentation of at least 50% of travel in trade corridors
 - Summary of maintenance performed and inspections conducted
 - Documentation of the number of port visits within 12 month period
 - Certification that the State-funded truck was operated in accordance with signed contract and that all information submitted is true and accurate
 - Other information as requested by the Ports or their designated Administrator



9. _____ Receive an IRS 1099-G Form equal to the amount of the award, which makes me responsible for the reportable income as a result of participation in the program.

I do hereby certify the following (Please read and initial next to each item):

- 1. _____ That I have reviewed and understand the application, including this Notice of Obligations, and that all of the information I have submitted is true and correct.
- 2. _____ That any additional funds required to match Proposition 1B State funding and/or Port funding are reasonably available for me to finance my share of the total costs.
- 3. _____ That I will not submit any other applications for funding of this same truck under this program or the Carl Moyer program.
- 4. _____ That I have disclosed all other sources of funding that have been applied for that would be used to fund the replacement of the old truck.
- 5. _____ That I have disclosed the value of any existing financial incentive that directly reduces the cost, including tax credits or deductions, grants, or other public financial assistance, for the replacement of the old truck.
- 6. _____ That neither the truck owner nor the truck has any outstanding violations of ARB regulations.
- 7. _____ That Program funds were not used to previously upgrade the equipment identified in the equipment project application.

Authorized Signature _____ Date _____
(Equipment Owner)

Print Name _____ Title _____

Witness Signature _____ Date _____

Print Name _____ Title _____

Third Party Assistance

If a third party has assisted in completing this application, please complete the following section.

3rd Party's Signature _____ Date _____

Name _____ Title _____

Amount Paid (if any) \$ _____ Source of funds _____

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form B – Applicant Details**

Please complete the following information about the owner of the truck applying for replacement funding. **Completion of this form does not guarantee acceptance into the program. Acceptance to the program constitutes a binding obligation to participate in the program, take ownership of the awarded truck, and release the old truck for scrapping.** All fields must be completed before the application can be processed. If you are applying for funding to replace multiple trucks, this form B only needs to be completed once. In addition, please submit one Form C, D, E, and F for each truck you would like to replace through the Clean Trucks Program. If you have any questions or would like to schedule an appointment for assistance, please contact the Clean Truck Center at (888) KLN-TRUX.

Applicant Information

Equipment Owner/Applicant (may be an authorized agent with contract signing authority)

Last Name _____ First Name _____

Company Name (if any): _____

Mailing Address

Street: _____

City: _____ State: Zip Code:

Primary Contact Name: _____

Primary Contact Phone Number: () -

Email (if available): _____

Are you an Licensed Motor Carrier (LMC) or Independent Owner Operator (IOO)?

LMC Independent Owner Operator

CA Number: USDOT Number:

FMCSA Operating Authority Number: MC FF MX

If you are an Independent Owner/Operator please provide the following information:

Name of Primary Licensed Motor Carrier: _____

Company Information

Must be completed by all applicants

Fleet Size*: Number of Employees*:

*Fleet Size and Number of Employees will be 1 for many IOOs.

Annual Gross Income (\$): , ,

SSN or Employer Tax ID number:

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form C – Vehicle Details**

Please complete the following information for each truck to be replaced through the Clean Trucks Program. All fields must be completed before the application can be processed. If you have any questions or would like to schedule an appointment for assistance, please contact the Clean Truck Center at (888) KLN-TRUX or (888) 556-8789.

Engine Information

Make (check one):

Caterpillar Cummins Detroit Diesel Other _____

Model (i.e. S60, N14, C13, etc): _____

Serial #: _____

Engine Model Year (please refer to page 17 for an example):

Horsepower (please refer to page 17 for an example):

EPA Engine Family Name (if available, please refer to page 17 for an example):

Fuel Type: Diesel CNG LNG Other _____

Vehicle Information

Make: _____

Model: _____

GVWR: lbs

Model Year: License Plate:

State of Registration:

VIN:

Lien Information

This vehicle being replaced is free and clear of all liens (check one). Yes No

If you answered “No”, you agree to pay off all indebtedness, receive lien releases and deliver a clear certificate of title free of any and all liens as a condition to delivery of your old truck for scrappage and receipt of grant funds for a replacement truck.

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form C – Vehicle Details continued**

Operational Information (provide information for the specific truck described)

Does your odometer work? Yes No

Current reading (or estimate): _____, _____

Estimate the number of miles you have driven this truck, on average, each day for the last two years:

miles

Estimate the number of trips you make each week to the Ports of L.A. and Long Beach on average, over the past two years:

trips

How many days each week have you driven this truck for work, on average, over the past two years?

days

Estimate the percentage of your annual mileage that was driven within California over the last two years: %

What do you typically haul (check all that apply)?

Containers Dry Bulk Liquid Bulk Break Bulk

Has this truck been driven in the Ports on a regular basis for the last two years? Yes No

Is this truck currently registered in the San Pedro Bay Ports Drayage Truck Registry (check one)?

Yes No Don't Know

Estimate the future activity of the new truck:

Annual mileage: Same as old truck Different: _____

Percentage of annual mileage within trade corridors:

Same as old truck Different: _____

Number of annual visits to the Ports: Same as old truck Different: _____

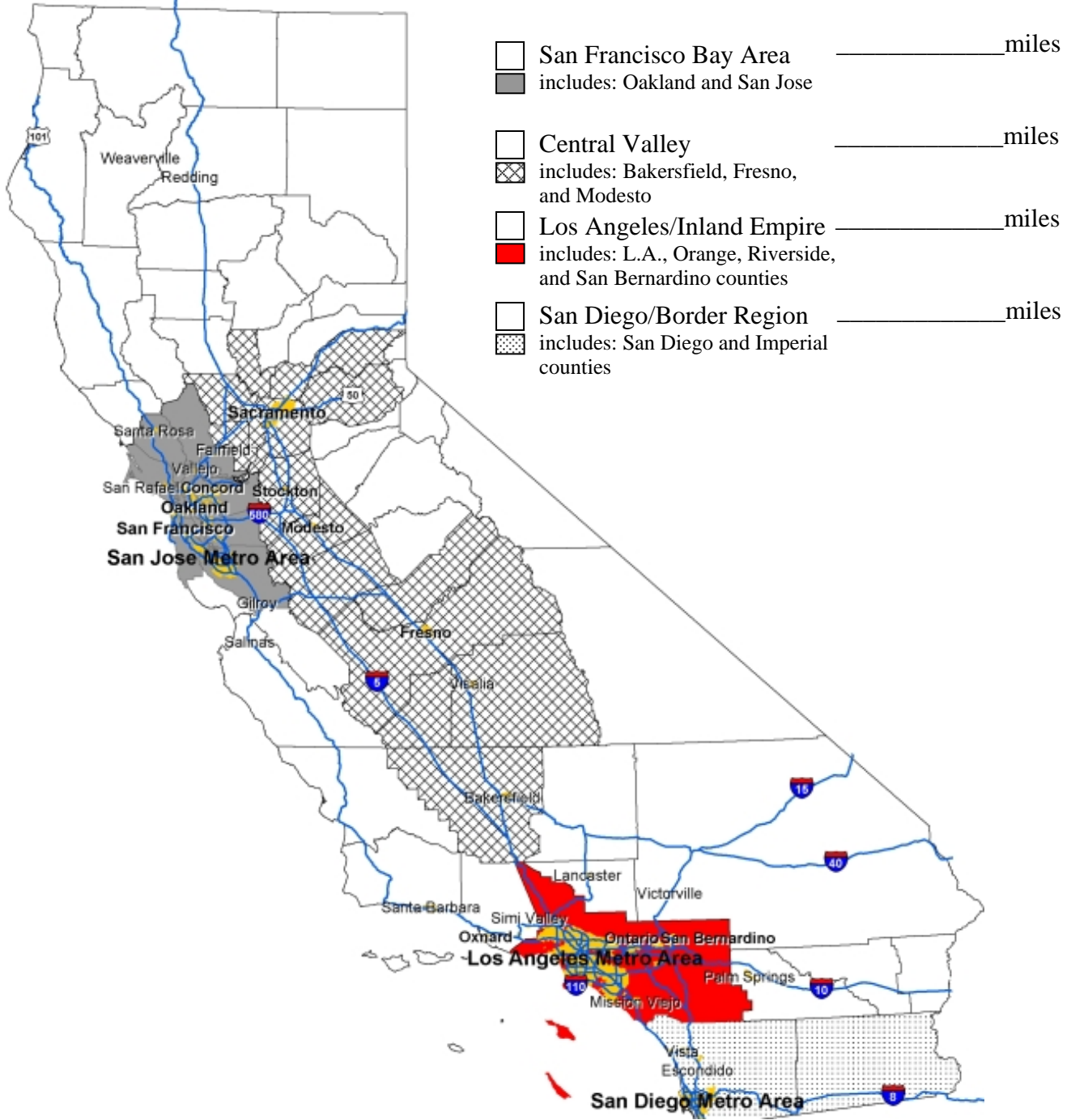
Clean Trucks Program (Proposition 1B Only Funding)

Application for Replacement Truck Funding

Form D – Vehicle Operation

Regions of Operation

Please identify the areas where you typically operate (check all that apply) and estimate approximately how many miles you drive in each region each year. The following Mileage Estimation Worksheet may be used to help estimate mileage: Supporting documentation may be required.



Regions of Operation – Mileage Estimation Worksheet

This worksheet is designed to assist in the estimation of mileage driven within each trade corridor based on the annual number of trips made to each corridor. Mileage estimates assume the trip is a round trip and begins at the San Pedro Bay Ports. The destination point for the Bay Area, Central Valley, and San Diego areas are Oakland, Fresno, and San Diego respectively. This worksheet is only used to assist the applicant in estimating their mileage in each trade corridor and does not need to be submitted with the application. **Applicants may use other estimates if they believe them to be more accurate. Please note that mileage may be accrued in California but outside the identified trade corridors, which is depicted by the remaining white area on the Regions of Operation map on the previous page.**

Step 1: Estimate the number of **trips** made **each year** to the following regions.

<input type="checkbox"/>	San Francisco Bay Area	_____trips	<input type="text" value="A"/>
<input checked="" type="checkbox"/>	includes: Oakland and San Jose		
<input type="checkbox"/>	Central Valley	_____trips	<input type="text" value="B"/>
<input checked="" type="checkbox"/>	includes: Bakersfield, Fresno, and Modesto		
<input type="checkbox"/>	San Diego/Border Region	_____trips	<input type="text" value="C"/>
<input checked="" type="checkbox"/>	includes: San Diego and Imperial counties		

Step 2: Calculate mileage within each trade corridor based on the trips above.

San Francisco Bay Area

Multiply **A** times 90 _____miles Line 1

Central Valley

Multiply **A** times 514 _____miles Line 2

Multiply **B** times 298 _____miles Line 3

Add **Line 2** and **Line 3** _____miles Line 4

San Diego/Border Region

Multiply **C** times 112 _____miles Line 5

Los Angeles/Inland Empire

Enter your annual mileage _____miles Line 6
that occurs in California
(excludes interstate travel)

Add **Line 1**, **Line 4**, and _____miles Line 7
Line 5

Subtract **Line 7** from **Line 6** _____miles Line 8

Regions of Operation – Mileage Estimation Worksheet (continued)

Step 3: Enter your annual mileage estimates in Form C

- San Francisco Bay Area _____miles (Enter value from **Line 1**)
 includes: Oakland and San Jose
- Central Valley _____miles (Enter value from **Line 4**)
 includes: Bakersfield, Fresno,
and Modesto
- Los Angeles/Inland Empire _____miles (Enter value from **Line 8**)
 includes: L.A., Orange, Riverside,
and San Bernardino counties
- San Diego/Border Region _____miles (Enter value from **Line 5**)
 includes: San Diego and Imperial
counties

Regions of Operation – Mileage Estimation Worksheet

This worksheet is designed to assist in the estimation of mileage driven within each trade corridor based on the annual number of trips made to each corridor. Mileage estimates assume the trip is a round trip and begins at the San Pedro Bay Ports. The destination point for the Bay Area, Central Valley, and San Diego areas are Oakland, Fresno, and San Diego respectively. This worksheet is only used to assist the applicant in estimating their mileage in each trade corridor and does not need to be submitted with the application. **Applicants may use other estimates if they believe them to be more accurate. Please note that mileage may be accrued in California but outside the identified trade corridors, which is depicted by the remaining white area on the Regions of Operation map on the previous page.**

Step 1: Estimate the number of **trips** made **each year** to the following regions.

<input type="checkbox"/>	San Francisco Bay Area	_____10_____ trips	<input type="text" value="A"/>
<input checked="" type="checkbox"/>	includes: Oakland and San Jose		
<input type="checkbox"/>	Central Valley	_____20_____ trips	<input type="text" value="B"/>
<input checked="" type="checkbox"/>	includes: Bakersfield, Fresno, and Modesto		
<input type="checkbox"/>	San Diego/Border Region	_____5_____ trips	<input type="text" value="C"/>
<input checked="" type="checkbox"/>	includes: San Diego and Imperial counties		

EXAMPLE

Step 2: Calculate mileage within each trade corridor based on the trips above.

San Francisco Bay Area	Multiply A times 90	_____900_____ miles	Line 1
Central Valley	Multiply A times 514	_____5,140_____ miles	Line 2
	Multiply B times 298	_____5,960_____ miles	Line 3
	Add Line 2 and Line 3	_____11,100_____ miles	Line 4
San Diego/Border Region	Multiply C times 112	_____560_____ miles	Line 5
Los Angeles/Inland Empire	Enter your annual mileage that occurs in California (excludes interstate travel)	_____50,000_____ miles	Line 6
	Add Line 1 , Line 4 , and Line 5	_____12,560_____ miles	Line 7
	Subtract Line 7 from Line 6	_____37,440_____ miles	Line 8

Regions of Operation – Mileage Estimation Worksheet (continued)

Step 3: Enter your annual mileage estimates in Form C

- San Francisco Bay Area 900 miles (Enter value from **Line 1**)
 includes: Oakland and San Jose
- Central Valley 11,100 miles (Enter value from **Line 4**)
 includes: Bakersfield, Fresno,
 and Modesto
- Los Angeles/Inland Empire 37,440 miles (Enter value from **Line 8**)
 includes: L.A., Orange, Riverside,
 and San Bernardino counties
- San Diego/Border Region 560 miles (Enter value from **Line 5**)
 includes: San Diego and Imperial
 counties

EXAMPLE

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form E – Financing and New Truck Selection**

The Ports are offering an upfront grant of Proposition 1B funds for qualified truck owners to obtain funding for new trucks under the Clean Trucks Program (CTP).

Key features and requirements for this funding include:

- √ Each applying truck owner must also help fund the new truck, as further described below.
- √ Applicants must identify the truck for which they would like to receive funding to purchase as a replacement of the old truck. Complete the following section to identify the replacement truck.
- √ Failure to meet Proposition 1B requirements will result in the Ports taking corrective action. This may include repossession of the truck and its redeployment to another qualified driver.
- √ Each successful applicant must sign over the old truck’s title, and allow it to be scrapped (destroyed) by the Program Administrator.

Qualified applicants can receive an “up-front” grant towards the purchase of the new truck. Applicants can select between a \$50,000 grant with an 8 year or 350,000 mile contract term or a pro-rated \$25,000 grant with a 4 year contract term. The applicant would have to arrange financing for the remainder of the cost of the truck, and be able to meet the credit requirements of their selected financing entity, which would be financial institution of the applicant’s choice.

Funding Information

Funding Amount: \$50,000 (8 years/350,000 miles) \$25,000 (4 years)

Performance Criteria* (if selecting \$50,000 funding option): 8 years 350,000 miles

Total vehicle cost: \$_____

*Applicants that select the 350,000 mile performance criteria will complete their contract term when the awarded vehicle accrues the required mileage.

Vehicle Information

Make: _____

Model: _____

GVWR: lbs

Model Year: License Plate:

State of Registration:

VIN:

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form E – Financing and New Truck Selection**

Engine Information

Make (check one):

Caterpillar Cummins Detroit Diesel Other _____

Model (i.e. S60, N14, C13, etc): _____

Serial #: _____

Engine Model Year (please refer to page 10 for an example):

Horsepower (please refer to page 10 for an example):

EPA Engine Family Name (if available, please refer to page 10 for an example):

Fuel Type: Diesel CNG LNG Other _____

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form F – Disclosure of Funding and Incentives**

All applicants must disclose any additional funding sources or incentives that will be used in conjunction with the replacement of the old truck. If you are applying for the port subsidized lease option, you may not use other sources of funding that require the old or new truck as collateral or otherwise encumber the old or new truck. If you are applying for a grant (as opposed to a subsidized lease), please list all sources of funding and provide the amount and a brief description of the funding. If none, indicate with an N/A entry. With the grant application, the Port must have a lien on the Certificate of Title.

Funding Source (Applicant cash, bank name, funding agency, etc)	Amount (\$)	Description (Cash, secured loan, unsecured loan, etc.)

Please list any incentives you have or expect to receive that directly reduce the cost of the truck including including tax credits or deductions, grants, or other public financial assistance.

Incentive Type (Tax credit, grant, etc)	Amount (\$)	Description

**Clean Trucks Program (Proposition 1B Only Funding)
Application for Replacement Truck Funding
Form G – IRS W-9**

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
--	---	---

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----		<input type="checkbox"/> Exempt payee
	<input type="checkbox"/> Other (see instructions) ▶		
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code			
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

	Social security number : : : :
OR	
	Employer identification number : :

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

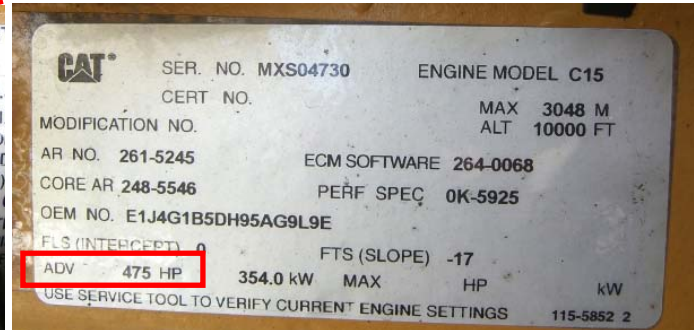
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

Locating the EPA Engine Family Name and Engine Specifications

The EPA engine family name is a 12 character number/letter designation included on the engine nameplate for all heavy duty truck engines sold in the United States. In general, the nameplate is permanently affixed to the engine. The exact location and appearance of the nameplate varies by engine manufacturer. Examples of nameplates from three major engine manufacturers are included below:

Caterpillar Engine Example:



Caterpillar Nameplate (2 labels): EPA Family Name – 5CPXH0928EBK

Engine Model Year - 2005

Engine Horsepower – 475 HP

Cummins Engine Example:

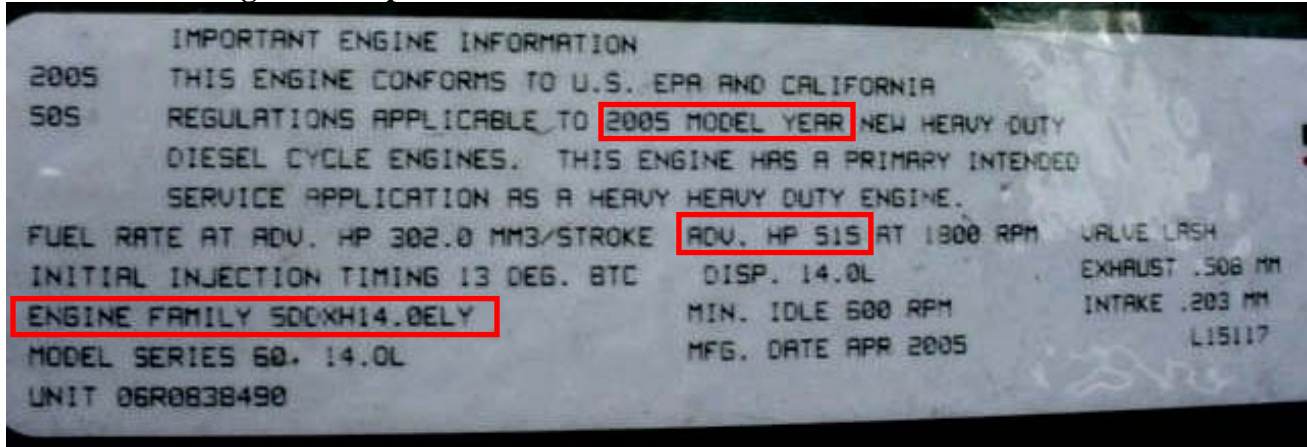


Cummins Nameplate: EPA Family Name – 4CEXH0912XAJ

Engine Model Year - 2004

Engine Horsepower – 400 HP

Detroit Diesel Engine Example:



Detroit Diesel Nameplate: EPA Family Name – 5DDXH14.0ELY

Engine Model Year - 2005

Engine Horsepower – 515 HP