



Funding Year  Target Fleet  Rebate Type

**Selectee Information**

Organization Name <input type="text"/>			
Address <input type="text"/>			
City <input type="text"/>	County/Parish <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>
Employer/Taxpayer No. (EIN/TIN) <input type="text"/>		Organizational DUNS Code <input type="text"/>	

**New Replacement Vehicle(s)**

	New Vehicle Identification Number	New Engine Model Year	Gross Vehicle Weight Rating	New Engine Manufacturer	New Engine Family Name	New Vehicle Fuel Type <small>(Select or Type)</small>	Cost of New Vehicle	Rebate Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total Replacements							<input type="text"/>	

I certify that:

- 1) The new replacement vehicle(s) is of the same type and similar gross vehicle weight rating as the original vehicle(s) being replaced;
- 2) The new replacement vehicle(s) will perform the same function as the vehicle(s) being replaced;
- 3) Both the original vehicle(s) being replaced and the new replacement vehicle(s) meet the eligibility requirements as defined by the Program Guide's terms and conditions;
- 4) The original vehicle(s) have been scrapped or rendered permanently disabled or returned to the original engine manufacturer for remanufacturing to a certified cleaner emission standard as required by the Program Guide's terms and conditions; and
- 5) I have attached the required proof of scrappage documentation as specified in the Program Guide's terms and conditions.

**Retrofits Installed - DOC + CCV**

	VIN	Technology Manufacturer	Technology Model	Technology Cost	Installation Cost	Rebate Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
				Total Retrofits		

I certify that:

1. The vehicle(s) or equipment being retrofitted meet the eligibility requirements as defined in the Program Guide's terms and conditions; and
2. The retrofitted vehicle(s) or equipment will be used for the duration required by the Program Guide's terms and conditions.

**Selectee Signature**

Number of Replacements       Number of Retrofits       Total Funds Requested

By signing below:

1. I certify the statements and information provided in this application are true and accurate to the best of my knowledge;
2. I agree to provide the required documentation and assurances necessary for funding; and
3. I agree to comply with all terms and conditions as specified in the Program Guide.

Authorized Representative Name

Title       E-mail       Phone

Authorized Representative Signature \_\_\_\_\_      Date \_\_\_\_\_

If signing electronically, click "Submit by Email" below and attach required scrappage documentation, invoice(s), and proof of delivery. For paper signatures, please scan the signed rebate application and submit to [cleandieselrebate@epa.gov](mailto:cleandieselrebate@epa.gov) with required scrappage documentation, invoice(s), proof of delivery as described this funding opportunity's [Program Guide](#).

## Rebate Payment Request Instructions EPA Form 5900-261

<b>Form Data Field Definitions</b>	
<b>Selectee Information:</b>	
Organization Name	Enter the legal name of Selectee applying for the rebate.
Employer/Taxpayer Number (EIN/TIN)	Enter the Employer or Taxpayer Identification Number as assigned by the Internal Revenue service.
Organizational DUNS Code	Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number can be found at <a href="http://www.dnb.com">www.dnb.com</a> .
Address	Enter the street address where the Selectee is located.
City	Enter the city where the Selectee is located.
County/Parish	Enter the county/parish where the Selectee is located.
State	Enter the state where the Selectee is located.
Zip	Enter the zip where the Selectee is located.
<b>New Vehicle/Equipment Replacement:</b>	
New Vehicle Identification Number	Enter the Vehicle Identification Number of the new vehicle.
New Engine Model Year	Enter the model year of the engine in the new vehicle.
Gross Vehicle Weight Rating	Enter gross vehicle weight rating for the new vehicle.
New Vehicle Class	Select the vehicle class of the new vehicle from the drop-down menu.
New Engine Manufacturer	Enter the manufacturer of the engine in the new vehicle.
New Engine Family Name	Enter the engine family name of the engine in the new vehicle. The engine family name is a 10 to 12 character number/letter designation that can be found on the engine nameplate.
New Vehicle Fuel Type	Enter the type of fuel the new vehicle uses.
Cost of New Vehicle	Enter the cost of the new vehicle.
Rebate Amount	Enter the rebate amount requested for each replacement vehicle. Please see the Program Guide for eligible rebate allowances for any given program year.
Selectee Certifications	<p>Check the box to certify that:</p> <ol style="list-style-type: none"> <li>1) The new vehicle(s) is of the same type, similar gross vehicle weight rating as the original vehicle(s) being replaced;</li> <li>2) The new replacement vehicles(s) will perform the same function as the vehicle(s) being replaced;</li> <li>3) Both the original vehicle(s) being replaced and the new replacement vehicle(s) meet the eligibility requirements as defined in the rebate program's terms and conditions;</li> <li>4) The original vehicle(s) have been scrapped or rendered permanently disabled or returned to the original engine manufacturer for remanufacturing to a certified cleaner emissions standard as required by the rebate program's terms and conditions; and</li> <li>5) The selectee has attached the required proof of scrappage documentation as specified in the rebate program's terms and conditions.</li> </ol>

<b>Selectee Signature</b>	
Selectee Certifications	<p>Check the box to certify that:</p> <ol style="list-style-type: none"> <li>1) The statements and information provided in this application are true and accurate to the best of the Selectee's knowledge;</li> <li>2) The Selectee will provide the required documentation and assurances necessary for funding; and</li> <li>3) The Selectee agrees to comply with all terms and conditions as specified in the Program Guide (Appendix G).</li> </ol>
Authorized Representative	Enter the name of the Selectee's authorized representative.
Title	Enter the job title of the Selectee's authorized representative.
E-mail	Enter the e-mail address of the Selectee's authorized representative.
Phone	Enter the phone number of the Selectee's authorized representative.
Signature	The form must be signed by the Selectee's authorized representative.
Date	Enter the date of the signature.

<b>Payment Request Submission Instructions</b>
1. Review the <a href="#">Program Guide</a> , including the vehicle scrappage and documentation requirements necessary for payment.
2. Complete and sign the Payment Request Form.
3. Ensure your application package includes the following: <ol style="list-style-type: none"> <li>1) Completed Payment Request Form</li> <li>2) Proof of scrappage documentation (see Section 10 of the <a href="#">Program Guide</a>)</li> <li>3) A copy of the school bus invoice</li> <li>4) A copy of the bill of lading (proof of delivery) for the new bus</li> </ol>
4. E-mail payment request package as attachments to your rebate contact and <a href="mailto:CleanDieselRebate@epa.gov">CleanDieselRebate@epa.gov</a> . Please use the subject line: DERA School Bus Payment Request: <i>[your organization's name]</i> .

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.