

OMB No. 2060-0086
Expires ###

**TELEPHONE SCREENING TOOL
FOR CONFIRMATORY CLASS:**

VEHICLE CONTROL NUMBER _____ DATE _____

ADMINISTERED BY _____

OWNER'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

(CALL NUMBER BELOW THAT IS MARKED WITH AN "X")

TELEPHONE (Home) / ___ / _____ (Business) / ___ / _____

BEST TIME TO CALL _____

Privacy Act Statement

Title 42, United States Code, Section 7451, Compliance by vehicles and engines in actual use, authorizes the collection of this information. The primary use is to provide an instrument by which individuals may indicate interest in and eligibility for participating in EPA's Light-Duty In-Use Testing Program. Additional disclosures of this information may be made pursuant to published routine uses, including to appropriate agencies for law enforcement purposes and to contractors working for EPA who have a need to know in the course of that work. Providing the requested information is voluntary, but failing to do so will result in EPA's inability to approve your participation in the Light-Duty In-Use Testing Program.

DATE OF CONTACT _____ TIME OF CONTACT _____

INDIVIDUAL CONTACTED _____

TO BE COMPLETED _____ DATE AND TIME OF COMPLETION _____

The public reporting and recordkeeping burden for this collection of information is estimated to average 20 minutes 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, US Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, DC, 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

You have been selected from a list of vehicle owners living in the Southeastern Michigan area to participate in a study of vehicle emissions being conducted by the U.S. Environmental Protection Agency. Your participation in this program is strictly voluntary. Testing may take approximately 2 to 4 weeks, occasionally longer. You can choose to drop your car off at the EPA facility or we can pick it up at your convenience at your home or workplace during normal working hours.

The following are incentives for participating in our program:

If your vehicle is accepted into the program, a full tank of gas and a cash incentive will be awarded. You will be offered \$20 per day if you choose to use a loaner vehicle or \$50 per day if you do not need a loaner. If your vehicle is brought to the EPA and it is rejected, you will receive a \$20 payment before you leave.

If your incentive is \$600 or more we are required to ask for your Social Security Number for tax purposes. If you do not wish to provide your social security number, you have the option to cap the total incentive at \$599. Are you willing to provide your Social Security Number if your incentive is \$600 or more? YES NO

If NO, would you like the option to cap your incentive at \$599? YES NO

Are you willing to participate? YES NO

If you are not, may we ask why not? _____

IF "NO" TO EITHER QUESTION, ELMINATE THIS VEHICLE. THIS PERSON CANNOT PARTICIPATE IN THE PROGRAM.

IF RESPONSE IS POSITIVE:

For the purpose of this study, I am going to ask you some questions about your vehicle's maintenance and usage history. You should answer these questions to the best of your knowledge and indicate when you are not sure of something.

FOR "JACOBS PERSONNEL" ONLY

SENTENCES IN CAPITAL LETTERS ARE INSTRUCTIONS TO THE CLERK
AND ARE NOT INTENDED TO BE READ TO THE OWNER.

- 1. a. What are the model year, transmission type, vehicle identification number and test group of your vehicle? The test group can be found on a Vehicle Emission Control Information decal located under the engine hood.**

The test group should start with the letters ____.

/ / Owner is unable to locate.

/ / Owner located. TEST GROUP _____

ELIMINATE IF TEST GROUP IS NOT ____

b. MODEL _____ VEHICLE ID NO. _____

MODEL YEAR _____

TRANSMISSION: AUTOMATIC / / AIR CONDITIONED: YES/ / NO/ /
MANUAL / / ODOMETER MILEAGE: _____

ELIMINATE IF MILEAGE IS UNKNOWN OR OVER 90,000 MILES.

VEHICLES WITH MILEAGE OVER 50,001 SHOULD BE ASSIGNED TO CLASS ____.

NOTE: Standards are **not** the same for mileage above and below 50K

c. Has the odometer ever not functioned properly? YES/ / NO/ /

If yes, approximately how long (months/miles) was it inoperable? _____

CONSULT EPA FOR ELIGIBILITY IF THE RESPONSE IS "YES"

**2. a. When and where did you obtain your vehicle? When _____
Where _____**

b. Was the vehicle utilized as a demonstrator prior to you purchase?

YES/ / NO/ / DO NOT KNOW / /

IF THE ANSWER IS YES, ELIMINATE VEHICLE. CONSULT EPA IF DON'T KNOW

c. What was the mileage at the time of purchase or lease. _____

CONSULT EPA IF MILEAGE IS OVER 400.

d. Are you the original purchaser or lessee of the vehicle?

YES/ / NO/ /

IF OBTAINED NEW, GO TO NEXT NUMBERED QUESTION. IF OBTAINED USED GO TO (e).

e. Have you been responsible for fueling, repairs and maintenance since the vehicle was new?

YES/ / NO/ /

IF YES, GO TO 3, IF NO, CONTINUE TO (f)

f. Do you have complete records of this vehicle's maintenance history? YES/ /NO/ /

IF NO, ELIMINATE.

3. Was the vehicle tested in a previous EPA or General Motors emission program?

(REGULARLY REQUIRED STATE RUN EMISSIONS CHECKS ARE NOT INCLUDED)

YES/ / NO/ /

CONSULT EPA FOR ELIGIBILITY IF YES.

	YES	NO
4. Has your vehicle ever been used as a taxi?	_____	_____
5. Has your vehicle ever been used as a commercial delivery vehicle?	_____	_____
6. Has your vehicle ever been used to race in competitive speed events?	_____	_____
7. Have you ever used your vehicle to plow snow?	_____	_____

ELIMINATE IF "YES" TO ANY POSITIVE RESPONSE TO QUESTIONS 4 THROUGH 7.

8. Has the vehicle been equipped to permit towing? YES/ / NO/ /

If yes; how and by whom? _____

9. a. Has the vehicle been used for towing? YES/ / NO/ /

IF RESPONSE IS "YES" GO TO "b," IF NOT SKIP "b"

b. What did you tow? _____

c. What was the approximate weight that was towed? _____

CONSULT WITH EPA IF OVER _____ POUNDS

10. Have any non-factory parts or special devices been installed on your vehicle? If yes, what are the brands of the parts?

	Y/N	Brand
a. Remote start	_____	_____
b. Security system	_____	_____
c. Performance computer chips	_____	_____
d. Performance air cleaner or filter/air intake parts	_____	_____
e. modifications to computerized engine control	_____	_____

f. other (describe)

g. **SKIP** FOR T005/T006: THIS ITEM IS FOR EVAP TESTING ON PICK UP TRUCKS ONLY
 Cap, toolbox, bedliner or other structure or device mounted in the truck bed.
 (Describe including the device weight)

CONSULT EPA IF THERE IS A POSITIVE RESPONSE FOR ANY OF THE ABOVE ITEMS.

11. a. Have you ever used any fuel other than that recommended by the manufacturer in your vehicle? (ex. Diesel fuel, E85) YES / / NO / /

IF YES, ELIMINATE

b. Have you ever used fuel system additives?

YES/ / NO/ /

If Yes, what have you used and why? _____

How often have you used it? _____

When was the last time you used it? _____

IF "YES", CONSULT EPA FOR ELIGIBILITY.

12. Has the catalytic converter been removed or replaced?

YES/ / NO/ / DON'T KNOW/ /

IF YES ELIMINATE

13. Have any emission control system components been altered, modified or disconnected? This does not include repairs or maintenance. YES/ / NO/ /

IF YES, ELIMINATE.

14. Has your vehicle ever overheated? YES/ / NO/ /

STOP QUESTIONNAIRE AND ELIMINATE IF VEHICLE HAS OVERHEATED

15. a. Has your vehicle ever been involved in an accident? YES/ / NO/ /

IF YES COMPLETE QUESTIONS (b), (c), (d), and (e).

b. As a result of an accident has your vehicle ever had damage in any of the following areas?

	Yes	No
1) Engine.....	___	___
2) Cooling System.....	___	___
3) Fuel Injection System.....	___	___
4) Exhaust System.....	___	___
5) Fuel Tank.....	___	___
6) Emission Control System.....	___	___
7) Other (Specify).....	___	___

c. If "yes" for any of 1 to 7 describe the damage and the circumstances of the accident.

IF THERE WAS DEFINITE DAMAGE TO ANY OF THESE COMPONENTS OR IF THE OWNER IS UNSURE WHETHER THE ABOVE COMPONENTS WERE DAMAGED, CONSULT EPA.

d. Has the damage been repaired?

YES/ / NO/ /

e. If yes; what, when, by whom and at what cost?

What _____

When _____

Who _____

16. a. Has the “Check Engine” light (Malfunction Indicator Light) ever been on during vehicle operation at any time other than start up?

YES/ / NO/ / IF NO, go TO 17.

b. Has the “Check Engine” light ever been blinking while you were driving?

YES/ / NO/ /

c. Describe the circumstances of each occurrence: _____

d. How many miles was the vehicle driven with the light on before repairs were made? (If more than one instance, list for each.)

ELIMINATE IF DRIVEN MORE THAN 1,000 MILES WHEN THE LIGHT WAS STEADY OR 100 MILES IF THE LIGHT WAS BLINKING.

e. What was done to repair the vehicle after the light came on?

(IF MORE THAN ONE INSTANCE, LIST FOR EACH.) _____

IF REPAIRS WERE MADE WITHIN 1,000 MILES, CONSULT EPA FOR ELIGIBILITY.

17. a. Has the routine maintenance, including oil changes, been performed as instructed in the owner’s manual or when indicated by an indicator in the vehicle (such as a dash light)? Y N

If no, what maintenances have been missed?

CONSULT WITH EPA IF ANY HAVE BEEN MISSED

b. Do you use the oil that is recommended by the vehicle's manufacturer?

If no, what type of oil used?

IF ANSWER TO b IS NO, CONSULT WITH EPA

18. a. Has any unscheduled maintenance (i.e., maintenance to correct a problem) been performed on your vehicle in the following areas?

	<u>YES</u>	<u>NO</u>
Engine	_____	_____
Fuel injection	_____	_____
Transmission, drive shaft, axle	_____	_____
Exhaust system	_____	_____
Ignition system/Electrical system	_____	_____
Cooling system	_____	_____
Fuel tank	_____	_____
Emission control system	_____	_____
Oxygen Sensor	_____	_____
Computerized engine system	_____	_____
Other	_____	_____

b. If the answer to any of the above items is yes, please describe what, why, when, and where.

WHAT _____

WHY _____

WHEN (Date and mileage) _____

WHERE _____

WHAT _____

WHY _____

WHEN (Date and mileage) _____

WHERE _____

WHAT _____

WHY _____

WHEN (Date and mileage)_____

WHERE _____

CONSULT EPA FOR ELIGIBILITY IF QUESTION (b) IS ANSWERED

19. a. Have you had any performance or drivability problems with your vehicle?

YES / / NO / /

IF NO, GO TO NEXT NUMBERED QUESTION.

If yes, describe: _____

b. Would the problems you described fall into any of the following categories?

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>
1) Hard Starting	_____	_____	_____
2) Poor Cold Performance	_____	_____	_____
3) Poor Acceleration	_____	_____	_____
4) Hesitation	_____	_____	_____
5) Stalling	_____	_____	_____
6) Dieseling (after run)	_____	_____	_____
7) Back firing	_____	_____	_____
8) Stumbling	_____	_____	_____
9) Engine Knock	_____	_____	_____
10) Rough Idle	_____	_____	_____
11) Engine Misfiring	_____	_____	_____
12) Other	_____	_____	_____

Describe other problems. _____

c. What was done to eliminate performance problems(s)?

WHAT _____

WHEN (Date and mileage)_____

WHERE _____

WHAT _____

WHEN (Date and mileage)_____

WHERE _____

d. How long did each problem exist? _____

e. Do you still experience performance problems?

YES / / NO / /

Describe the problem _____

IF THE ANSWER TO a ABOVE WAS YES, CONSULT WITH EPA FOR ELIGIBILITY.

20. Have you ever received notice that your vehicle was involved in a recall campaign?

NO / / YES / / approximate date _____

21. a. Describe the recall or give the recall number _____

b. Did you take your vehicle to a dealership for the recall repair?

YES / / NO / /

22. Are the original tires, which were on the vehicle when first purchased, still on the vehicle?

YES / / NO / / .

If NO, are the tires the same size as the original? Y N Don't know

If not, what size were installed?

IF NO OR DON'T KNOW CONSULT WITH EPA

23. a) Have you kept records of the maintenance and repairs performed on your vehicle?

YES / / NO / /

If “yes” is important that the records are brought to the lab for review and duplication. Please give them to the technicians when they pick up your car or when you drop it off at EPA.

b) To prepare for testing, the glove box and trunk will need to be opened by JACOBS and EPA personnel. Frequently, records pertaining to the vehicle's maintenance history are found in the vehicle. Will you allow all records (those provided by you and those found) to be reviewed and duplicated?

YES / / NO / /

24. EPA needs to share your maintenance records with the manufacturer to correctly test the vehicle. Do you agree to this?

YES / / NO / /

25. EPA will change the oil in your vehicle while it is here. Also, the fuel will be removed from the vehicle so there is no need to have any more than needed to get from your house to Ann Arbor.

STOP QUESTIONNAIRE FOR CLASS T005/T006

26. Have the tires ever been repaired? (e.g. flat tire repaired with a plug or a foam product, etc.)

YES / / NO / / DON'T KNOW / /

IF YES, DESCRIBE _____

CONSULT EPA IF YES OR DON'T KNOW.

27. Has the vehicle had any body repairs or has it received any paintwork? If yes, state how long ago. _____

28. Have any of the windows been replaced/repared? If yes, state how long ago? _____

29. Has the vehicle been operated on gasohol or super unleaded with ethanol within the last 30 days?

30. Has the vehicle had any kind of rust proofing or undercoating applied to it? If yes, how long ago? _____

31. Is the vehicle equipped with any interior or exterior modifications such as upholstery or a vinyl roof which were not factory installed? If yes, how long ago?

32. Has the vehicle been washed with a non-was detergent?

Class # MY Manufacturer Name Model Name Test Group

ClassRXXC- _____

INFORM THE OWNER THAT:

ALL VALUABLES SHOULD BE REMOVED FROM THE VEHICLE (INCLUDING THOSE IN THE GLOVE BOX) PRIOR TO BRINGING THE VEHICLE TO THE LAB.

INFORMATION UPDATE PAGE

1) Has any maintenance been performed on your vehicle since the time the telephone questionnaire was administered? (i.e., oil change, filters changed, spark plug change, any adjustments, etc.) Y N

If "YES", please complete the following:

What was done?

When was it done?

What was the odometer reading?

Where was it done?

2) Has any other significant incident occurred since the questionnaire was administered? (i.e., accident, operational problems, pulled trailer, vehicle rust proofed, etc.) Y N

If "YES", please complete the following:

What happened?

When did it happen (include odometer reading)?

How does it affect the vehicle now?

Participant Signature Date

Jacob's Representative Date

2011 GM BGMXVO1.8011
Control No. T005/T006 RXXC- _____

VIN _____

State of _____ County of _____

I, _____,

being first duly sworn, depose and say:

I am the owner () and/or joint owner () and/or principal driver () of the vehicle described in this questionnaire and have personal knowledge of all matters discussed herein. I have read the responses to the questions stated above, and such responses are true and accurate to the best of my knowledge and belief.

(Signature)

(Date)

Subscribed and affirmed before me, a Notary Public, and I hereby certify that I am duly authorized by the laws of the State of Michigan, County of Washtenaw, to administer oaths.

(Seal)

Notary Public

(Date)

My commission expires: _____
(Date)