

# Mark Signature Page

## Tractors and Trailers



### Exhibit 5 SmartWay Mark Signature Page and Tractor/Trailer Equipment Checklist

OMB No: 2060-0663, Expiration Date: 04/30/2021

EPA's SmartWay Transport® Partnership is an innovative program that recognizes Partners for setting and achieving greenhouse gas (GHG) reduction goals in freight transport.

By signing this agreement, \_\_\_\_\_ signifies that it has read and will comply with the SmartWay® Graphic Standard and Usage Guide. I further certify that my organization has or plans to purchase

\_\_\_\_\_ number(s) of U.S. EPA Designated SmartWay Tractors

\_\_\_\_\_ number(s) of U.S. EPA Designated SmartWay Trailers:

as part of my fleet. I also commit to maintain the SmartWay Tractors and SmartWay Trailers per the manufacturer's recommendations or replace them as necessary.

Indicate needed logo:

SmartWay Tractor

SmartWay Trailer

Briefly state the SmartWay logo dimensions and placement on fleet vehicles.

SmartWay Tractor Logo Dimensions: \_\_\_\_\_

SmartWay Tractor Logo Placement: \_\_\_\_\_

SmartWay Trailer Logo Dimensions: \_\_\_\_\_

SmartWay Trailer Logo Placement: \_\_\_\_\_

### AUTHORIZED PARTNER OFFICIAL:

The undersigned, on behalf of \_\_\_\_\_, understands and agrees to the terms of the U.S. EPA SmartWay Graphic Standards and Usage Guide for use of the applicable SmartWay logo(s).

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### KEY PARTNER/ORGANIZATION CONTACT FOR SMARTWAY: (may be different from above individual)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Burden Statement: This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0663). Responses to this collection of information are voluntary (Energy Policy Act of 2005; citation 109-58). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to take a maximum of 2.75 hours to compile and submit the SmartWay Equipment Checklist, and 0.25 to review and complete the Mark Signature Form. 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 to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 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.

# Sleeper Tractor Equipment



COMPANY NAME: \_\_\_\_\_

OMB No: 2060-0663, Expiration Date: 04/30/2021

## ☑ CHECKLIST FOR SMARTWAY TRACTOR "SLEEPER"

	Equipment	☑ Quantity	(Documentation for SmartWay Brand Manager)
Required	<b>BASE SMARTWAY TRACTOR*</b>	<input type="checkbox"/>	_____
	Must be equipped with the following technology components:		Manufacturer, Model, Model Year
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current model year certified engine</li> <li><input type="checkbox"/> Integrated cab w/ high roof fairing</li> <li><input type="checkbox"/> Cab side extenders</li> <li><input type="checkbox"/> Aero bumper</li> <li><input type="checkbox"/> Aero mirrors</li> <li><input type="checkbox"/> Fuel tank fairing</li> <li><input type="checkbox"/> Low rolling resistance tires</li> </ul>		_____
	<i>*Note: Indicate only one tractor manufacturer and model per page. Use multiple pages if necessary.</i>		

Required	<b>TRACTOR STEER TIRES</b> (Indicate tire models)	<input type="checkbox"/>	_____ Manufacturer, Model
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Required	<b>TRACTOR DRIVE TIRES</b> (Indicate tire models)	<input type="checkbox"/>	_____ Manufacturer, Model
		<input type="checkbox"/>	_____ Manufacturer, Model

	<b>TRACTOR ALUMINUM WHEELS</b> (Optional)	<input type="checkbox"/>	_____ Manufacturer, Model
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	SELECT AN IDLING CONTROL EQUIPMENT OR STRATEGY:		(Documentation for SmartWay Brand Manager)
Required: Select either an equipment or strategy option	<b>IDLING CONTROL EQUIPMENT</b>		
	Auxiliary Power Unit or Generator Set	<input type="checkbox"/>	_____
	Fuel Operated Heater	<input type="checkbox"/>	_____
	Battery Operated Air Conditioning and/or Heating System	<input type="checkbox"/>	_____
	Thermal Storage System	<input type="checkbox"/>	_____
	Double Drivers	<input type="checkbox"/>	_____
	Driver Overnight hotel stay	<input type="checkbox"/>	_____
	Connects to Electrified Parking Space (Truck Stop Electrification)	<input type="checkbox"/>	_____
	Other strategy	<input type="checkbox"/>	_____
			Describe or indicate idle-control strategy

# Day Cab Tractor Equipment



COMPANY NAME: \_\_\_\_\_

OMB No: 2060-0663, Expiration Date: 04/30/2021

## CHECKLIST FOR SMARTWAY TRACTOR "DAY CAB"

Equipment	<input checked="" type="checkbox"/> Quantity	(Documentation for SmartWay Brand Manager)
<b>BASE SMARTWAY TRACTOR*</b>	<input type="checkbox"/> _____	_____ Manufacturer, Model, Model Year
Must be equipped with the following technology components:		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Current model year certified engine</li> <li><input type="checkbox"/> Integrated cab w/ high roof fairing</li> <li><input type="checkbox"/> Cab side extenders</li> <li><input type="checkbox"/> Aero bumper</li> <li><input type="checkbox"/> Aero mirrors</li> <li><input type="checkbox"/> Fuel tank fairing</li> <li><input type="checkbox"/> Low rolling resistance tires</li> </ul>		_____ Manufacturer, Model, Model Year
<i>*Note: Indicate only one tractor manufacturer and model per page. Use multiple pages if necessary.</i>		

<b>TRACTOR STEER TIRES</b> (Indicate tire models)	<input type="checkbox"/> _____	_____ Manufacturer, Model
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<b>TRACTOR DRIVE TIRES</b> (Indicate tire models)	<input type="checkbox"/> _____	_____ Manufacturer, Model
	<input type="checkbox"/> _____	_____ Manufacturer, Model

<b>TRACTOR ALUMINUM WHEELS</b> (Optional)	<input type="checkbox"/> _____	_____ Manufacturer, Model
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### SELECT AN IDLING CONTROL EQUIPMENT OR STRATEGY:

**IDLING CONTROL EQUIPMENT** Day cabs encouraged but not required to use idle control equipment or strategy. (Check applicable option)

Auxiliary Power Unit or Generator Set	<input type="checkbox"/> _____	_____ Manufacturer, Model
Fuel Operated Heater	<input type="checkbox"/> _____	_____ Manufacturer, Model
Battery Operated Air Conditioning and/or Heating System	<input type="checkbox"/> _____	_____ Manufacturer, Model
Thermal Storage System	<input type="checkbox"/> _____	_____ Manufacturer, Model
Double Drivers	<input type="checkbox"/> _____	_____ Please attach copy of company policy
Driver Overnight hotel stay	<input type="checkbox"/> _____	_____ Please attach copy of company policy
Connects to Electrified Parking Space (Truck Stop Electrification)	<input type="checkbox"/> _____	_____
Other strategy	<input type="checkbox"/> _____	_____ Describe or indicate idle-control strategy

# Trailer Equipment Check List



COMPANY NAME: \_\_\_\_\_

OMB No: 2060-0663, Expiration Date: 04/30/2021

## ☑ CHECKLIST FOR SMARTWAY TRAILER

	☑ Quantity	(Documentation for SmartWay Brand Manager)
<b>BASE TRAILER*</b> (53 foot)	<input type="checkbox"/>	_____ <small>Manufacturer, Model, Model Year</small>
<i>* Note: Indicate only one trailer manufacturer and model per page. Use multiple pages if necessary.</i>		
<b>SELECT WHICH TYPE OF TRAILER YOU'RE TRYING TO DESIGNATE:</b>		
<b>TRAILER TYPE:</b> (Check One)	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Refrigerated
<b>DESIGNATED TYPE:</b> (Check One)	<input type="checkbox"/> SmartWay Trailer <small>(6% fuel savings or higher)</small>	<input type="checkbox"/> SmartWay <i>Elite</i> Trailer <small>(10% fuel savings or higher)</small>

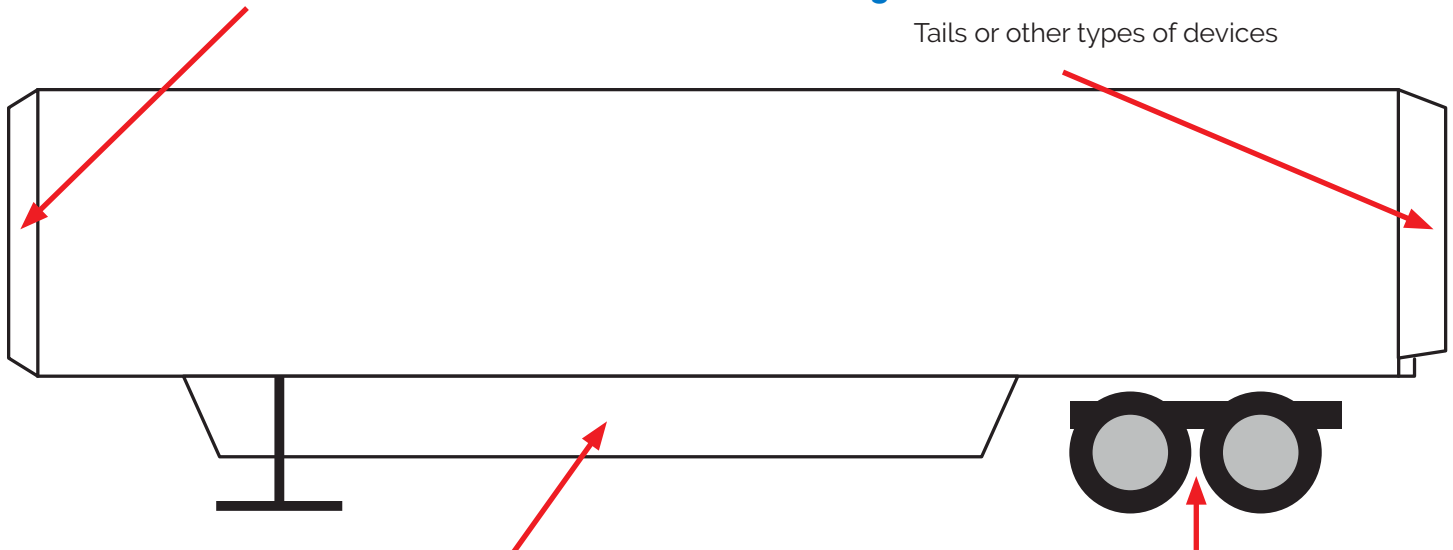
Required

The following types of technologies may be used for your trailer:

### 1. TRAILER FRONT FAIRING

### 3. TRAILER REAR FAIRING

Tails or other types of devices



### 2. TRAILER UNDER FAIRING

Skirts or other types of devices

### 4. LOW ROLLING RESISTANCE TIRES

(Aluminum wheels optional)

**NOTE:** Fleets are not required to have all four types of technologies to achieve the SmartWay Designation or the SmartWay *Elite* Designation.

Low rolling resistance new tires or retreads must be maintained on SmartWay Designated Trailers.

# Trailer Equipment Check List



COMPANY NAME: \_\_\_\_\_

Indicate how fleet trailers are equipped in this section.

Required	TIRES	Check all that apply	Verified % Fuel Savings	
			(Circle One)	
Required	<b>EPA Verified Device</b>			
	Trailer Tires, New	<input type="checkbox"/>	1%	_____
				Manufacturer, Model
	Trailer Tires, Retreaded	<input type="checkbox"/>	1%	_____
				Manufacturer, Model

Optional	Trailer Aluminum Wheels (Optional)	<input type="checkbox"/>		_____
				Manufacturer, Model
	Automatic Tire Inflation (Optional)	<input type="checkbox"/>		_____
				Manufacturer, Model

Required	AERODYNAMICS	Check all that apply	Verified % Fuel Savings	
			(Circle applicable option)	
Required	<b>EPA Verified Device*</b>			
	1. Trailer Front Fairing	<input type="checkbox"/>	1%	_____
				Manufacturer, Model
	2. Trailer Under Fairing	<input type="checkbox"/>	1%, 4%, or 5%	_____
				Manufacturer, Model
	3. Trailer Rear Fairing	<input type="checkbox"/>	1%, 4%, or 5%	_____
				Manufacturer, Model
	4. Other Device Type	<input type="checkbox"/>	1%, 4%, or 5%	_____
				Manufacturer, Model
	5. 9% <i>Elite</i> Package	<input type="checkbox"/>	9%	_____
				Manufacturer Aero Package name

**TOTAL PROJECTED FUEL SAVINGS %:** \_\_\_\_\_  
(Tires + Aerodynamics)

**NOTE:** \*Gap reducer technologies (e.g. nose fairing, front fairing, etc.) are not appropriate for reefer trailers.

Any *Elite* Packages that include a gap reducer is ineligible for reefer trailers.

Fleets may select individual devices that add to a designation threshold (i.e. 6% or 10%) or choose a single product from the 6% or 10% category.