

Alternative Compliance Reporting Spreadsheet

KEY	
	Enter data in cells with this color shading
	Select a value from the dropdown list
	* Required field
	Calculated values. Do not enter data in cells shaded in this color
	Error or unchecked required checkbox
	Information about working with the tables in this workbook

The U.S. Office of Management and Budget (OMB) approved this data collection under control number 1910-5101. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. Reporting takes about five hours per session. For help with reporting, access guidance documents at http://www.eere.energy.gov/vehiclesandfuels/epact/guidance_documents.html. OMB #: 1910-5101 | Expires: 10/31/2021

Fleet Identification (* required field)

Fleet ID Number:	
*Fleet Name:	
Local name:	
Parent Organization:	
*Fleet Type:	
*Mailing Address:	
*City:	
*State:	
*Zip (xxxx-xxxx):	

Point of Contact Information

POC ID Number:	
*Name:	
Mailing Address (if different from fleet mailing address)	
City:	
State:	
Zip (xxxx-xxxx):	
*Phone:	
Fax:	
*E-Mail:	

(Parent Organization is parent company name, if applicable, for alternative fuel provider fleet or state name for state fleet)

Reporting Model Year 2021

9/1/20 to 8/31/21