

| Worksheet | Data Field                                | Location | Source        |
|-----------|-------------------------------------------|----------|---------------|
| Details   | Company's Name                            | F13      | User-Selected |
|           | Company's Street Address 1                | F14      | User-Entered  |
|           | Company's Street Address 2                | F15      | User-Entered  |
|           | Company's City / Town                     | F16      | User-Entered  |
|           | Company's State / Locality / Jurisdiction | F17      | User-Entered  |
|           | Company's Zip Code / Postal Code          | F18      | User-Entered  |
|           | Company's Country                         | F19      | User-Entered  |
|           | Company's Phone Number                    | F20      | User-Entered  |
|           | Designated Signatory's Name               | F24      | User-Selected |
|           | Designated Signatory's Title              | F25      | User-Entered  |
|           | Designated Signatory's Department         | F26      | User-Entered  |
|           | Designated Signatory's Company            | F27      | User-Entered  |
|           | Designated Signatory's Signature Date     | F28      | User-Entered  |
|           | Point of Contact's Name                   | F32      | User-Entered  |
|           | Point of Contact's Title                  | F33      | User-Entered  |
|           | Point of Contact's Department             | F34      | User-Entered  |

|                                                                                                   |                                           |          |               |
|---------------------------------------------------------------------------------------------------|-------------------------------------------|----------|---------------|
|                                                                                                   | Point of Contact's Company                | F35      | User-Entered  |
|                                                                                                   | Point of Contact's Phone Number           | F36      | User-Entered  |
|                                                                                                   | Point of Contact's Email                  | F37      | User-Entered  |
|                                                                                                   | Company's Name                            | L13      | User-Entered  |
|                                                                                                   | Company's Street Address 1                | L14      | User-Entered  |
|                                                                                                   | Company's Street Address 2                | L15      | User-Entered  |
|                                                                                                   | Company's City / Town                     | L16      | User-Entered  |
|                                                                                                   | Company's State / Locality / Jurisdiction | L17      | User-Entered  |
|                                                                                                   | Company's Zip Code / Postal Code          | L18      | User-Entered  |
|                                                                                                   | Company's Country                         | L19      | User-Entered  |
|                                                                                                   | Company's Phone Number                    | L20      | User-Entered  |
|                                                                                                   | Designated Signatory's Name               | L24      | User-Entered  |
|                                                                                                   | Designated Signatory's Title              | L25      | User-Entered  |
|                                                                                                   | Designated Signatory's Department         | L26      | User-Entered  |
|                                                                                                   | Designated Signatory's Company            | L27      | User-Entered  |
|                                                                                                   | Designated Signatory's Signature Date     | L28      | User-Entered  |
|                                                                                                   | Point of Contact's Name                   | L32      | User-Entered  |
|                                                                                                   | Point of Contact's Title                  | L33      | User-Entered  |
|                                                                                                   | Point of Contact's Department             | L34      | User-Entered  |
|                                                                                                   | Point of Contact's Company                | L35      | User-Entered  |
|                                                                                                   | Point of Contact's Phone Number           | L36      | User-Entered  |
|                                                                                                   | Point of Contact's Email                  | L37      | User-Entered  |
| Transactions 1-2<br>Transactions 3-4<br>Transactions 5-6<br>Transactions 7-8<br>Transactions 9-10 | Transaction Date                          | D5       | User-Entered  |
|                                                                                                   | Transaction Type                          | E9, E32  | User-Selected |
|                                                                                                   | Initial Credit Amount                     | F9, F32  | User-Entered  |
|                                                                                                   | Credit Type                               | G9, G32  | User-Selected |
|                                                                                                   | Apply to Shortfall                        | H9, H32  | User-Selected |
|                                                                                                   | Manufacturer - Earned                     | F12, F35 | User-Selected |
|                                                                                                   | Compliance Category - Earned              | G12, G35 | User-Selected |
|                                                                                                   | Model Year - Earned                       | H12, H35 | User-Selected |

|                                              |          |               |
|----------------------------------------------|----------|---------------|
| Actual Fuel Economy - Earned                 | G15, G38 | User-Entered  |
| Required Fuel Economy Standard - Earned      | H15, H38 | User-Entered  |
| Manufacturer - Current                       | F18, F41 | User-Selected |
| Compliance Category - Current                | G18, G41 | User-Selected |
| Model Year - Current                         | H18, H41 | User-Selected |
| Manufacturer - Destination                   | F21, F44 | User-Selected |
| Compliance Category - Destination            | G21, G44 | User-Selected |
| Model Year - Destination                     | H21, H44 | User-Selected |
| Actual Fuel Economy - Destination            | G24, G47 | User-Entered  |
| Required Fuel Economy Standard - Destination | H24, H47 | User-Entered  |

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| Data Type                |
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United States Department of Transportation  
National Highway Transportation Safety Administration

CAFE Credit Transaction Template (OMB Control No. 2127-0019)  
NHTSA Form Number 1475  
49 CFR 536.8, 49 CFR 536.5(d)(6), and 49 CFR 536.7

Number: 2.4; Last Revision: 09/14/2022; Expiration Date: xxxxxxxxxx

**Agency Message**

This template meets the National Highway Traffic Safety Administration's (NHTSA's) regulatory requirements for submitting credit transaction instructions in accordance with 49 CFR 536.8, 49 CFR 536.5(d)(6), and 49 CFR 536.7. The template defines the data and data formats required by NHTSA's regulatory provisions. In accordance with 49 CFR 536.8, 49 CFR 536.5(d)(6), and 49 CFR 536.7, credit account holders are required to submit Joint Trade Instructions, Credit Allocation Plans, and Carryback Plans to NHTSA to initiate the debiting and crediting and resolution of CAFE credit deficits.

**Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 9 hours per response. Send comments on the Agency's estimate of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques, to the OMB control number in any correspondence, but do not send the completed documents.

Office of the Chief Information Officer  
Office of the Secretary  
1200 New Jersey Avenue, SE  
Washington, DC 20590

**Data Definition / Description**

Select the Credit Holder's Company Name.

Enter the first line of the Credit Holder's Street Address.

Enter the second line of the Credit Holder's Street Address.

Enter the Credit Holder's City or Town.

Enter the Credit Holder's State, Locality, or Jurisdiction.

Enter the Credit Holder's Zip Code or Postal Code.

Enter the Credit Holder's Country.

Enter the Credit Holder's Phone Number.

Enter the Name of the Credit Holder's Designated Signatory.

Enter the Title of the Credit Holder's Designated Signatory.

Enter the Department of the Credit Holder's Designated Signatory.

Enter the Company Name of the Credit Holder's Designated Signatory.

Enter the Date the Credit Holder's Designated Signatory signed the agreement.

Enter the Name of the Credit Holder's Point of Contact.

Enter the Title of the Credit Holder's Point of Contact.

Enter the Department of the Credit Holder's Point of Contact.

Enter the Company Name of the Credit Holder's Point of Contact.

Enter the Phone Number of the Credit Holder's Point of Contact.

Enter the Email Address of the Credit Holder's Point of Contact.

Select the Credit Receiver's Company Name.

Enter the first line of the Credit Receiver's Street Address.

Enter the second line of the Credit Receiver's Street Address.

Enter the Credit Receiver's City or Town.

Enter the Credit Receiver's State, Locality, or Jurisdiction.

Enter the Credit Receiver's Zip Code or Postal Code.

Enter the Credit Receiver's Country.

Enter the Credit Receiver's Phone Number.

Enter the Name of the Credit Receiver's Designated Signatory.

Enter the Title of the Credit Receiver's Designated Signatory.

Enter the Department of the Credit Receiver's Designated Signatory.

Enter the Company Name of the Credit Receiver's Designated Signatory.

Enter the Date the Credit Receiver's Designated Signatory signed the agreement.

Enter the Name of the Credit Receiver's Point of Contact.

Enter the Title of the Credit Receiver's Point of Contact.

Enter the Department of the Credit Receiver's Point of Contact.

Enter the Company Name of the Credit Receiver's Point of Contact.

Enter the Phone Number of the Credit Receiver's Point of Contact.

Enter the Email Address of the Credit Receiver's Point of Contact.

Enter the Date of the Transaction.

Select the Transaction Type from the dropdown list.

Enter the initial credit amount of the transaction.

Select the Credit Type from the dropdown list.

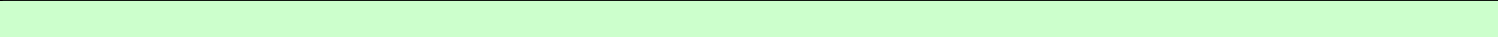
Select "Yes" if the transaction applies credits to an existing CAFE credit shortfall, select "No" if not.

Select the Manufacturer who earned the credits from the dropdown list.

Select the Compliance Category in which the credits were earned from the dropdown list.

Select the Compliance Model Year in which the credits were earned from the dropdown list.

|                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If the transaction applies credits to an existing CAFE credit shortfall, enter the Fleet Average Fuel Economy of the fleet (i.e. manufacturer/com earned the credits.             |
| If the transaction applies credits to an existing CAFE credit shortfall, enter the Fleet Average Fuel Economy Standard of the fleet (i.e. manufa year) that earned the credits.   |
| Select the Manufacturer who currently holds the credits from the dropdown list.                                                                                                   |
| Select the Compliance Category in which the credits are currently held from the dropdown list.                                                                                    |
| Select the Model Year in which the credits are currently held from the dropdown list.                                                                                             |
| Select the Manufacturer who will be receiving the credits from the dropdown list.                                                                                                 |
| Select the Compliance Category that will be receiving the credits from the dropdown list.                                                                                         |
| Select the Model Year that will be receiving the credits from the dropdown list.                                                                                                  |
| If the transaction applies credits to an existing CAFE credit shortfall, enter the Fleet Average Fuel Economy of the fleet (i.e. manufacturer/com earned the shortfall.           |
| If the transaction applies credits to an existing CAFE credit shortfall, enter the Fleet Average Fuel Economy Standard of the fleet (i.e. manufa year) that earned the shortfall. |





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|                                    |
|------------------------------------|
| 49 CFR 536.4(c)                    |
| 49 CFR 536.4(c)                    |
| 49 CFR 536.8(a)<br>49 CFR 536.8(b) |
| 49 CFR 536.8(a)<br>49 CFR 536.8(b) |
| 49 CFR 536.8(a)<br>49 CFR 536.8(b) |
| 49 CFR 536.8(a)<br>49 CFR 536.8(b) |
| 49 CFR 536.8(a)<br>49 CFR 536.8(b) |
| 49 CFR 536.8(a)<br>49 CFR 536.8(b) |
| 49 CFR 536.4(c)                    |
| 49 CFR 536.4(c)                    |

United States Department of Transportation  
National Highway Transportation Safety Administration

NHTSA CAFE Credit Transaction Template (OMB Control No. 2127-0019)  
NHTSA Form Number 1475  
49 CFR 536.8, 49 CFR 536.5(d)(6), and 49 CFR 536.7

Version Number: 2.4; Last Revision: 09/14/2022; Expiration Date: xxxxxxxxxx

TRANSACTION DETAILS

Is This a Trade?

Number of Transactions

(Select No. of Transactions)

Credit Holder

0

Company

Name:  
Street Address 1:  
Street Address 2:  
City / Town:  
State / Locality / Jurisdiction:  
Zip Code / Postal Code:  
Country:  
Phone Number:

(Select Manufacturer)

Designated Signatory

Name:  
Title:  
Department:  
Company:  
Signature Date: (mm-dd-yyyy)

Point of Contact

Name:  
Title:  
Department:  
Company:  
Phone Number:  
Email:

United States Department of Transportation  
National Highway Transportation Safety Administration

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Version Number: 2.4; Last Revision: 09/14/2022; Expiration Date: xxxxxxxxxx

Transaction Date  
(mm/dd/yyyy)

Page 1

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 1               |                  |                       |             |                     |

(Select Type of Credits)

(Select Yes or No)

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 2               |                  |                       |             |                     |

(Select Transaction Type)

(Select Type of Credits)

(Select Yes or No)

United States Department of Transportation  
National Highway Transportation Safety Administration

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Transaction Date  
(mm/dd/yyyy)

Page 2

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 3               |                  |                       |             |                     |

(Select Type of Credits)

(Select Yes or No)

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 4               |                  |                       |             |                     |

(Select Transaction Type)

(Select Type of Credits)

(Select Yes or No)

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Transaction Date  
(mm/dd/yyyy)

Page 3

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 5               |                  |                       |             |                     |

(Select Type of Credits)

(Select Yes or No)

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 6               |                  |                       |             |                     |

(Select Transaction Type)

(Select Type of Credits)

(Select Yes or No)

NHTSA CAFE Credit Transaction Template (OMB Control No. 2127-0019)  
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Transaction Date  
(mm/dd/yyyy)

Page 4

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 7               |                  |                       |             |                     |

(Select Type of Credits)

(Select Yes or No)

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 8               |                  |                       |             |                     |

(Select Transaction Type)

(Select Type of Credits)

(Select Yes or No)

NHTSA CAFE Credit Transaction Template (OMB Control No. 2127-0019)  
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Version Number: 2.4; Last Revision: 09/14/2022; Expiration Date: xxxxxxxxxx

Transaction Date  
(mm/dd/yyyy)

Page 5

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 9               |                  |                       |             |                     |

(Select Type of Credits)

(Select Yes or No)

| Transaction No. | Transaction Type | Initial Credit Amount | Credit Type | Apply to Shortfall? |
|-----------------|------------------|-----------------------|-------------|---------------------|
| 10              |                  |                       |             |                     |

(Select Transaction Type)

(Select Type of Credits)

(Select Yes or No)

## JOINT TRADE INSTRUCTIONS

OMB Control No. 2127-0019

Credit Holder  
(Select Manufacturer)  
0  
0  
,  
() -

Credit Receiver  
(Select Manufacturer)  
0  
0  
,  
() -

December 30, 1899

Jeffrey Giuseppe  
Associate Administrator for Enforcement  
National Highway Traffic Safety Administration  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Subject: CAFE Credit Trade Agreement

Dear Mr. Giuseppe,

This letter is to inform the National Highway Traffic Safety Administration (NHTSA) that (Select Manufacturer) and (Select Manufacturer) are submitting this Credit Trade Agreement as joint CAFE credit trading instructions to NHTSA in accordance with 49 CFR Part 536.8. This joint instruction requests that NHTSA transfer certain credits from (Select Manufacturer)'s CAFE credit account(s) with NHTSA to (Select Manufacturer)'s CAFE credit account(s) with NHTSA as specified in the attached Credit Transaction Request.

(Select Manufacturer) affirms the current CAFE credit balance(s) in its account(s) are sufficient to support this transaction. (Select Manufacturer) and (Select Manufacturer) acknowledge the following:

49 CFR Part 536.8(f)

If NHTSA determines that a manufacturer has been credited, through error or fraud, with earning credits, NHTSA will cancel those credits if possible. If the manufacturer credited with having earned those credits has already traded them when the error or fraud is discovered, NHTSA will hold the receiving manufacturer responsible for returning the same or equivalent credits to NHTSA for cancellation.

49 CFR Part 536.8(g)

In general, all trades are final and irrevocable once executed, and may only be reversed by a new, mutually-agreed transaction. If NHTSA executes an erroneous instruction to trade credits from one holder to another through error or fraud, NHTSA will reverse the transaction if possible. If those credits have been traded away, the recipient holder is responsible for obtaining the same or equivalent credits for return to the previous holder.

JOINT TRADE INSTRUCTIONS

OMB Control No. 2127-0019

Accordingly, we request that NHTSA accept this joint instruction and process the transaction as appropriate in accordance with 49 CFR Part 536.8.

Regards,

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

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December 30, 1899

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

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December 30, 1899

If you have additional instructions, guidance, questions, or comments please contact the appropriate point of contact provided below.

Credit Holder Point of Contact

0

0

0

0

0

0

Credit Receiver Point of Contact

0

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Enclosure(s)