



## VNY ZERO EMISSION GSE INCENTIVE PROGRAM

### SECTION 1: APPLICANT CONTACT INFORMATION

A. Please provide the following applicant information in the space provided:

Business Name	
Division of:	
Subsidiary of:	
Website Address	
Type of Business <i>Check One:</i>	<div><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____</div>

Address			
City			
State		Zip	
Phone	(     )     -     Ext	Fax	(     )     -
Contact Name		Title	
E-mail Address			
Payment Name if Different			

### B. Funding Request Summary:

Total LAX zeGSE Incentive Funding Requested:     \$\_\_\_\_\_

Disposition of Existing GSE (e.g. scrap or relocate): \_\_\_\_\_

*Note that proof will be required prior to incentive reimbursement.)*

Valid quote for proposed zeGSE purchase is attached:     YES     NO (check one)



## SECTION 2: GSE DESCRIPTION

### Existing Ground Support Equipment Description

Company name:	
Existing Equipment Unit #:	
What is the primary function of this equipment?	
Existing Equipment Type (e.g. baggage tug, belt loader, etc.):	
Existing Equipment Serial Number:	
Existing Equipment Make & Model: Make:	Model:
Existing Equipment Model Year:	

### Existing Engine Information

Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear)	
Fuel Type:	Existing Engine Make:
Existing Engine Model:	Existing Engine Year:
Engine Serial No.:	Existing Engine Horsepower:
Existing Engine Tier:	Existing Engine Family:
Annual activity in units of hour per year: _____ (hr/yr)	
If existing GSE has more than one engine, please provide information for 2 <sup>nd</sup> engine below:	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear)	
Fuel Type:	Existing Engine Make:
Existing Engine Model:	Existing Engine Year:
Engine Serial No.:	Existing Engine Horsepower:
Existing Engine Tier:	Existing Engine Family:
Annual activity in units of hour per year: _____ (hr/yr)	



### SECTION 3: NEW ZERO-EMISSION GROUND SUPPORT EQUIPMENT INFORMATION

New Equipment Type (e.g. belt loader, etc.):
New Equipment Manufacturer:
New Equipment Model:
New Equipment Model Year:

#### **zeGSE Cost Information**

You **MUST** attach a valid quote from the equipment vendor documenting the cost of the zeGSE.

Applicant Grant Request Amount: \$
Applicant Co-Funding Amount (if any): \$
Applicant provide information (program title, incentive amount) regarding any additional incentives received for this equipment, or programs that will be considered for additional funding for this equipment. In no case shall the total of all incentives exceed the overall cost of the new zeGSE.



#### SECTION 4: PROJECT IMPLEMENTATION SCHEDULE

Please provide a schedule including the following estimated dates for each piece of zeGSE proposed:

- Estimated date zeGSE will be ordered: \_\_\_\_\_
- Anticipated date of delivery to VNY: \_\_\_\_\_
- Anticipated in-service date (if different from delivery date): \_\_\_\_\_
- Anticipated date existing GSE will be scrapped or removed from California.: \_\_\_\_\_