

Rebate Application Instructions EPA Form S600-260

Applicant Information	
Item:	Entry:
Organization Name	Enter the legal name of Applicant applying for the rebate.
Address	Enter the Street Address where the Applicant is located.
City	Enter the City where the Applicant is located.
County / Parish	Enter the County / Parish where the Applicant is located.
State	Enter the State where the Applicant is located.
Zip	Enter the Zip where the Applicant is located.
Employer / Taxpayer Number (EIN/TIN)	Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.
Organizational DUNS Code	Enter the Applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number can be found at www.dnb.com .
Eligible Entity Type	<p>For Private Fleet Owner Applicants Only - In order to be eligible to apply for rebate funding, the Applicant must be the owner of record of the vehicle, and that vehicle must be operated pursuant to a contract, license, or lease with one of the following entities with jurisdiction over transportation or air quality:</p> <ul style="list-style-type: none"> a. federal department or agency b. regional, state, local, or tribal government or agency <p>List the type of the entity with which the Applicant has a current contract, license or lease for operation of the vehicle or fleet (e.g., "state agency").</p>
Eligible Entity Name	For Private Fleet Owner Applicants Only - Enter the name of the entity with which the Applicant has a current contract, license, or lease for operation of the vehicle or fleet (e.g., "Tennessee Department of Environment").
Eligible Entity Location (City, State)	For Private Fleet Owner Applicants Only - Enter the location (city and state) where the Eligible Entity with which the Applicant has a current contract, license, or lease is located.
Eligible Entity Certification	For Private Fleet Owner Applicants Only - Check the box to certify that the Applicant's fleet of vehicle(s), for which rebate funds for replacement are being requested, meet the requirements for private fleets as described above and in the Program Guide.

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Original Vehicle	
Item:	Entry:
Vehicle Identification Number	Enter the Vehicle Identification Number of the original vehicle.
Engine Model Year	Enter the model year of the engine in the original vehicle.
Vehicle Class	Select vehicle class of the original vehicle from the dropdown menu.
Engine Manufacturer	Enter the manufacturer of the original engine.
Engine Family Name	Enter the family name of the original engine.
Annual Miles	Enter the vehicle miles traveled per year.
Annual Fuel Consumption	Enter the amount of fuel used in gallons/year.
Annual Idling Hours	Enter the average number of hours the vehicle idles per year.
Location of Operation	Enter the county and state where the vehicle primarily operates.
Rebate Amount	Enter the requested rebate amount. Please see the Program Guide for eligible rebate amounts for any given funding opportunity.
Total Rebate Funds Requested	Sum the requested rebate amounts for each vehicle and enter the total.
Certification	
Eligibility Certification	Check the box to certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.
Scrappage Certification	Check the box to certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.
Statement Certification	Check to the box to certify that the statements and information provided in this application are true and accurate to the best of the Applicant's knowledge. By checking the box, Applicant agrees to provide the required documentation and assurances necessary for funding.
Authorized Representative	
Name, Title, Email, Phone, Signature, Date	To be signed and dated by the authorized representative of the Applicant organization. Enter the name (first and last name required), title (required), email address (required), telephone number (required), and of the person authorized to sign for the Applicant.

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours 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, U.S. Environmental Protection Agency (2822T), 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.



Funding Year Target Fleet Rebate Type

Applicant Information

Organization Name

Address

City County/Parish State ZIP

Employer/Taxpayer No. (EIN/TIN) Organizational DUNS Code

Eligible Entity Information (Private Fleet Owner Applicants Only)

Private fleet owners are able to apply for funding from the National Clean Diesel Rebate Program if the vehicle(s) or equipment, for which funding is being requested, are currently contracted or leased to an eligible entity. An eligible entity is a federal, regional, State, local, or tribal agency or port authority with jurisdiction over transportation or air quality. For additional information regarding private fleet applicants and eligible entities, please refer to the Program Guide.

Eligible Entity Type	Eligible Entity Name	Eligible Entity Location (City, State)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify the fleet of vehicle(s) or equipment, for which rebate funds are being requested, meet the requirements for private fleets as described above and in the terms and conditions within the Program Guide.

Original Vehicle

	Vehicle Identification Number	Engine Model Year	Vehicle Class	Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Consumption	Annual Idling Hours	Location of Operation		Rebate Amount*
									County	State	
1											
2											
3											
4											
5											

Total Funds Requested

I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.

I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.

*Please see the Program Guide for eligible rebate amounts

Applicant Signature

By signing, I certify the statements and information provided in this application are true and accurate to the best of my knowledge. If selected for funding, I agree to provide the required documentation and assurances necessary for funding.

Funding for the National Clean Diesel Rebate Program is subject to continuing federal appropriations. Please see the Program Guide for additional funding information.

Authorized Representative Name

Title Email Phone

Authorized Representative Signature Date