

Sacramento Emergency Clean Air & Transportation (SECAT) Program

**Vehicle Information Form 1a**

(Please type or print neatly)

**On-Road Category** (Select One):      Truck                      Bus                      Other: \_\_\_\_\_

**Vehicle Description/Vocation(s):** \_\_\_\_\_

(Please describe Vehicle use. Examples: Dump Truck, Transit Bus, etc.)

**Project Type** (Select One):

Vehicle Replacement

Other: \_\_\_\_\_

2 for 1 Vehicle Replacement (complete "Vehicle Information Form 2" for the second Existing Vehicle)

**Has *this* Vehicle received any incentive grant funds in the past?**                       Yes                       No

If yes, then you must identify the following:

Date which you received the incentive grant funds: \_\_\_\_\_

Incentive grant amount received: \_\_\_\_\_

Entity name that provided the incentive grant funds: \_\_\_\_\_

**Main Physical Vehicle Terminal** (No PO Boxes)

GPS UTM coordinates OR Address, City, State, and Zip Code	
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**Annual Vehicle Usage Information**

(SFNA is the Sacramento Federal Non-Attainment Area for Ozone. Go to [www.4SECAT.com](http://www.4SECAT.com) to view the map.)

Usage Measurement*	Total California Operation		Percent Total Operation	
	Within the SFNA	Outside SFNA	% Outside CA Use	% Total CA Use
<b>Miles</b>				

\* For fuel-based calculations, contact SECAT staff.

**Existing Vehicle Information**

Make:	Model:	Model Year:	Mfr GVWR:
Vehicle Identification Number (VIN):	Fleet ID #:	License Plate #:	Odometer:

**Existing Engine Information**

Make:	Model:	Model Year:	Serial Number:
Engine Family Number:	Fuel Type:	HP:	

**Existing Retrofit System Information**

Select Box if Not Applicable

Make:	Model:	Serial Number:	DEC Strategy Family Number :
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**The following photos of the existing Vehicle must be included with the application:**

- \* VIN                      \* GVWR on the manufacturer's label                      \* Engine Serial Number                      \* Engine Family Number
- Odometer that corresponds to meter reading on application. Odometer must be functional otherwise application will be rejected.

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**Vehicle Information Form 1b**

(Please type or print neatly)

**Attach Dealer Cost Quotes for the Equipment Below**

**New/Replacement Vehicle Information**

Make:	Model:	Model Year:	Mfr GVWR:
VIN <sup>o</sup> :	Fleet ID # <sup>o</sup> :	License Plate # <sup>o</sup> :	Odometer <sup>o</sup> :

<sup>o</sup> Include this information if the replacement vehicle is used.

**New Engine/Motor Information**

Make:	Model:	Model Year:	Serial Number <sup>o</sup> :
Engine Family Number:	Fuel Type:	HP:	

**Multiple Vehicles?**

To apply for incentive grant funds for multiple vehicles,  
go to [www.4SECAT.com](http://www.4SECAT.com) and  
complete "Vehicle Information Form 1" for each additional vehicle.