

SCHOOL BUS RETROFIT APPLICATION ADDITIONAL VEHICLE SHEET

Multiple copies of this page may be needed to provide the information for all of the vehicles proposed to be retrofitted

Applicant Name:

II. EXISTING SCHOOL BUS INFORMATION:

Complete this section for each vehicle proposed to be retrofitted: Vehicle _____ of _____

1	School Bus Storage Address:		
2	a. City:	b. Zip Code:	
3	School Bus Manufacturer:		
4	a. School Bus Model:	b. School Bus Model Year:	
5	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D		
6	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other		
7	Estimated Annual Fuel Usage for this School Bus (gallons):		
8	a. Cumulative Mileage:	b. Estimated Annual Mileage:	
9	Gross Vehicle Weight Rating (GVWR):		
10	Vehicle License Number:		
11	Vehicle Identification Number (VIN):		
12	a. Engine Manufacturer:	b. Engine Model:	c. Engine Model Year:
13	Average Number of Riders:		
14	Average Vehicle Life (how long you usually keep your school buses):		

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