

VOUCHER REQUEST FORM

For Heavy-Duty Off-Road Equipment



HEAVY-DUTY OFF-ROAD EQUIPMENT

MORE INFORMATION

Email: CaliforniaCORE@tetrattech.com

Call: 562-257-1612

californiacore.org

ENTER PURCHASER/LESSEE COMPANY INFORMATION

ACCOUNT NAME:

PARENT COMPANY/DBA:

DOT EXEMPT (YES/NO- ENTER DOT #):

DOORS EXEMPT (YES/NO- ENTER DOORS #):

CA# EXEMPT (YES/NO- ENTER CA#):

TIN:

TRUCRS EXEMPT (YES/NO- ENTER TRUCRS ID):

CHC EXEMPT (YES/NO- ENTER CHC REPORT DATE):

ADDRESS:

CITY:

STATE/PROVINCE:

ZIP/POSTAL CODE:

COUNTRY:

ENTER PURCHASER/LESSEE CONTACT INFORMATION

SALUTATION:

FIRST NAME:

LAST NAME:

EMAIL:

MOBILE:

PHONE:

FAX:



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VOUCHER APPLICATION

THIS EQUIPMENT IS A LEASE (IF YES, LESSEE MUST BE LISTED AS THE PURCHASER).

PURCHASER SECONDARY CONTACT

(CC'D ON ALL NOTIFICATIONS TO PRIMARY CONTACT)

I WOULD LIKE TO ADD OPTIONAL SECONDARY CONTACT NAME (I.E., FLEET MANAGER OR DATA MANAGER). THIS SECONDARY PERSON WILL RECEIVE ALL NOTIFICATIONS THAT THE PRIMARY CONTACT RECEIVES.

FIRST NAME:

LAST NAME:

EMAIL:

EQUIPMENT LOCATION/DOMICILE ADDRESS

STREET:

CITY:

STATE/PROVINCE:

ZIP/POSTAL CODE:

TIN:

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NOTE: PURCHASERS CLAIMING EXEMPTION FOR ANY REGULATORY COMPLIANCE INFORMATION APPLICABLE TO THE EQUIPMENT TYPE ON THE VOUCHER REQUEST SHOULD BE PREPARED TO SUBMIT A LETTER OF EXPLANATION TO CALIFORNIACORE@TETRATECH.COM UPON REQUEST.

IS DOMICILE ADDRESS IN A DISADVANTAGED OR LOW-INCOME COMMUNITY? (YES/NO)

PLEASE PROVIDE THE ESTIMATED ANNUAL HOURS OF USE FOR THE EQUIPMENT.

WHICH UTILITY WILL PROVIDE POWER FOR THIS EQUIPMENT?

HAVE YOU ALREADY CONTACTED YOUR UTILITY REGARDING THIS PROJECT? (YES/NO)

IS EQUIPMENT BEING USED FOR FREIGHT ACTIVITIES? (YES/NO)

IS THE PURCHASER A CALIFORNIA NATIVE AMERICAN TRIBAL GOVERNMENT? (YES/NO)

DOES PURCHASER MEET THE SMALL BUSINESS CRITERIA? (YES/NO)

WILL YOU RECEIVE ADDITIONAL FUNDING FOR EQUIPMENT OUTSIDE OF CORE? (YES/NO)

IF YES: 1. WHAT IS THE ADDITIONAL FUNDING ORGANIZATION 2. WHAT IS THE ADDITIONAL FUNDING SOURCE 3. WHAT IS THE ANTICIPATED ADDITIONAL FUNDING AMOUNT?

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PURCHASER TYPE

GOVERNMENT NON-GOVERNMENT

VOCATION

AG-ANIMAL HUSBANDRY AG-COMPOSTING AG-HARVESTING AG-HAULAGE AND TRANSPORT

AG-IRRIGATION AG-LIVESTOCK MANAGEMENT AG-TILAGE AND PLANTING CONSTRUCTION-DEMOLITION

CONSTRUCTION-EARTH MOVING CONSTRUCTION-GENERAL CONSTRUCTION-MATERIAL HANDLING CONSTRUCTION-ROAD CONSTRUCTION

EMERGENCY SERVICES FORESTRY LANDSCAPING MILITARY

MINING OIL AND GAS PORT-CONTAINER HANDLING PORT-EXCURSION

PORT-FISHING PORT-SECURITY AND SURVEILLANCE PORT-SHIP BUILDING AND REPAIR PORT-TUG AND BARGE OPERATIONS

SNOW REMOVAL OTHER

WHAT PROOF ARE YOU UPLOADING?

LOA/LOI PURCHASE ORDER

EQUIPMENT PURCHASE TYPE?

PURCHASE LEASE GREATER THAN THREE YEARS LEASE LESS THAN THREE YEARS RENTAL GREATER THAN THREE YEARS

RENTAL LESSER THAN THREE YEARS

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DEMOGRAPHIC QUESTIONS - PURCHASER

HOW DO YOU IDENTIFY?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> BLACK, AFRICAN AMERICAN, AFRICAN | <input type="checkbox"/> INDIGENOUS OR NATIVE AMERICAN | <input type="checkbox"/> LATINO OR LATINA | <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER |
| <input type="checkbox"/> MIDDLE EASTERN | <input type="checkbox"/> CAUCASIAN OR WHITE | <input type="checkbox"/> OTHER | |

GENDER

- | | | | |
|-------------------------------|---------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | <input type="checkbox"/> NON-BINARY | <input type="checkbox"/> OTHER |
|-------------------------------|---------------------------------|-------------------------------------|--------------------------------|

SELECT YOUR AGE RANGE

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 26-35 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 46-55 |
| <input type="checkbox"/> 56-65 | <input type="checkbox"/> 66-75 | | |

WHAT IS YOUR PREFERRED LANGUAGE?

- | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> ENGLISH | <input type="checkbox"/> SPANISH | <input type="checkbox"/> ARABIC | <input type="checkbox"/> CANTONESE |
| <input type="checkbox"/> FARSI | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> MANDARIN | <input type="checkbox"/> RUSSIAN |
| <input type="checkbox"/> TAGALOG | <input type="checkbox"/> OTHER | | |

CAN YOU UNDERSTAND AND ACCESS PROJECT INFORMATION AND SERVICES IN ENGLISH?

- | | |
|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO, I REQUIRE TRANSLATION |
|------------------------------|--|