



Voucher Request Form

Equipment Purchaser Information (Please fill in the required information below.)

Primary Contact: _____
 Company Name: _____
 Parent Company: _____
 Mailing Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Primary E-mail: _____
 Phone: _____
 Tax ID Number: _____
 US DOT Number: _____
 TRUCRS ID: _____
 DOORS ID: _____
 CHC Initial Report Date: _____
 Reason not required to report (if applicable): _____

Check if ARBER reporting for transport refrigeration units (TRUs) is not required
 Check if TRUCRS reporting for on-road vehicles is not required
 Check if DOORS reporting for off-road vehicles and equipment is not required
 Check if CHC Regulation reporting for commercial harbor craft is not required

Equipment Operator Information (Please fill in the required information below.)

Company Name: _____
 Street Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Primary E-mail: _____
 Phone: _____

Please note: On-road terminal tractor and TRU purchasers receiving additional funding for deployment in Disadvantaged and/or Low-Income Communities must allow collection of equipment location data. Disadvantaged and Low-Income Communities look-up tool link (equipment domiciled in all shaded areas qualify for the voucher enhancement): <https://ww3.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm>

Small Business Plus Up Eligibility (If requesting a Small Business Plus Up, please complete the section below. This does not impact your voucher acceptance.)

Company Name: _____
 Please identify the total revenue, receipts, and sales reported to the Internal Revenue Service in your most recent filing.
 This information may be reported in Box 1c of IRS Form 1120, Box 1c of IRS Form 1065, or Box 3 of IRS Schedule C (Form 1040).
 If you do not have this information, provide a letter of explanation to CaliforniaCORE@tetrattech.com within 30 calendar days of the voucher request.
 Average Annual Gross Receipts and Employment (Please check 1 box):
 ≤ \$5,000,000 and has ≤ 100 employees
 > \$5,000,000 but ≤ \$15,000,000 and has ≤ 100 employees
 N/A (if not requesting small business plus up)

Dealer Information (Please use the drop down to select your name below in the Dealer Name field. If you are not listed, contact the CORE Helpline for assistance.)

Dealer Name: Select One
 Company Name: -
 Street Address: -
 City: -
 State: -
 Zip Code: -
 Primary E-mail: -
 Phone: -

Equipment Information (Please use drop downs to select equipment manufacturer, MY, and description. If equipment is not listed, contact the CORE Helpline for assistance.)

Equipment Type: Select One
 Equipment Manufacturer: Select One
 Equipment Model: Select One
 Equipment Configuration: Select One
 Preliminary Voucher Amount:* -
 Number of Vouchers Requested:** _____
 Total Voucher Amount Requested _____

Will the equipment be used in a freight application? No Yes
 (This does not impact your voucher acceptance.)

Please provide the estimated annual hours of use for the equipment: _____ Hours Per Year

Which utility will provide power for this equipment? _____
 Have you already contacted your utility regarding this project? No Yes

Infrastructure voucher enhancements are available for CORE-funded equipment.

Does this voucher request require an infrastructure voucher enhancement? No Yes **If Yes, complete the "Voucher Request Form EVSE" tab.**
 Estimate of proposed total costs, per unit (limited installation allowed) _____
 Please note that infrastructure voucher enhancements must be tied to an equipment voucher. Infrastructure enhancement vouchers cannot be stacked for the purchase of one charger.

****NOTE: The fleet/operator location and equipment type MUST be the same for multiple vouchers requested in a single form.** If you are purchasing the same equipment for the same client, but is being used at a different fleet location, you must submit a new Voucher Request Application.