

# VOUCHER REQUEST FORM

For Heavy-Duty Off-Road Equipment



## HEAVY-DUTY OFF-ROAD EQUIPMENT

### MORE INFORMATION

Email: [CaliforniaCORE@tetrattech.com](mailto:CaliforniaCORE@tetrattech.com)

Call: 562-257-1612

[californiacore.org](http://californiacore.org)

### ENTER PURCHASER/LESSEE COMPANY INFORMATION

ACCOUNT NAME:

PARENT COMPANY/DBA:

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

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

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?

REQUESTING ADDITIONAL FUNDING FOR AG EQUIPMENT? (YES/NO)

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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 |
|------------------------------|--|