

Alternative Fuel Vehicle Incentive Program Program Opportunity Notice

A **\$1,000 Alternative Fuel Vehicle (AFV)** incentive is offered to Antelope Valley residents with address within the District boundaries who purchase or lease AFV vehicles from Antelope Valley dealerships. AFV vehicles purchased from dealerships outside the AV are eligible for a \$500 incentive. Applicants can claim a maximum one (1) incentive per AFV vehicle and may be eligible for future participation for other eligible forms of alternative fuel vehicles. Incentives are issued typically 3-4 weeks after application is submitted. Incentives can be claimed within 6 months of vehicle purchase.

If you are considering the purchase or have completed the purchase of an eligible vehicle here is an overview of the application process:

- ❖ Complete the attached application package and W-9 form and submit the completed forms to the AVAQMD.
- ❖ Submit the following documentation to the AVAQMD:
 - ❖ Complete copy of the vehicle purchase or lease agreement. The person applying for the incentive must be named in the purchase or lease agreement.
 - ❖ Complete copy of the large window sticker for the vehicle purchased which includes price, VIN number and documentation of the alternative fuel option.
 - ❖ Proof of AV residency, only if the applicant's Antelope Valley address is not listed on the purchase or lease agreement. Acceptable forms of proof that must show Antelope Valley address are:
 - Driver's License; and
 - Current electric or gas bill within the last 3 months

Application Submittal: Preferred by Email or US mail.*

*If applications must be delivered in person, please contact the office at 661-723-8070 or **email to: grants@avaqmd.ca.gov**

Antelope Valley AQMD
43301 Division Street, Suite 206
Lancaster, CA 93535
Attn: Julie McKeehan

ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT
ALTERNATIVE FUEL VEHICLE INCENTIVE PROGRAM APPLICATION

All applicants must complete this form.

Note: Address on purchase agreement must match the applicant's physical AV address.

APPLICANT INFORMATION				
Vehicle Purchaser/Owner:	Mailing Address			
Phone Number:	City			
	State		ZIP	
E-mail Address:	Fill in project address below if different from mailing address			
	Physical Address			
	City			
	State		ZIP	

Dealership Information				
Contact		Address		
Company		City		
Phone		State		ZIP
E-mail				

Please read each section and initial in the space provided

- _____ The purchase of this alternative fuel, low-emission vehicle is NOT required by any local, state, and/or federal rule or regulation.
- _____ I understand that reimbursement of any grant funds awarded cannot be processed without a completed W-9 form.
- _____ I understand that an IRS Form 1099 will be issued to me for incentive funds received under the AVAQMD Mobile Source Emission Reduction Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Program.
- _____ I understand that Projects funded via this program cannot generate Emission Reduction Credits (ERCs) pursuant to AVAQMD Regulation XIV.
- _____ I understand that all project applications must be accompanied by proper documentation.

Application Statement

All information provided in this application will be used by the Antelope Valley Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. AVAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

⊕ I certify to the best of my knowledge that the information contained in this application is true and correct.

Printed Name of Owner:	Owner Signature:
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NEW VEHICLE INFORMATION

Manufacturer's estimated fuel economy (MPG/MPGe):			
Make:	Model:	Model Year:	Odometer:
VIN#:			
Fuel Type: ☐ Electric ☐ Electric/Hybrid ☐ CNG ☐ Other:			
Total New Vehicle (AFV) Cost:		Total Amount of Incentive Sought:	
Certified Emission Standard: ☐ Zero Emissions Vehicle(ZEV) (All Electric) ☐ Partial ZEV (Plug-In Hybrid)		Check the boxes of all other Alternative Fuel Vehicle Incentives you have received, applied for, or plan to apply for: Provide \$ amount if available. ☐ Clean Vehicle Rebate Project (CVRP) \$ _____ ☐ Federal Tax Credit (purchase only) \$ _____ ☐ Other Incentive \$ _____	
Primary function of vehicle (e.g. local delivery, personal commuting):			

PLEASE REMEMBER TO SIGN AND DATE THIS DOCUMENT

Form W-9 (Rev. January 2003) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.					
Print or type See Specific Instructions on page 2.	Name						
	Business name, if different from above						
	Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ _____						
	☐ Exempt from backup withholding						
	Address (number, street, and apt. or suite no.)						
	City, state, and ZIP code						
	List account number(s) here (optional)						
	Requester's name and address (optional)						
Part I Taxpayer Identification Number (TIN)							
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.							
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">Social security number</td></tr><tr><td style="text-align: center;">+ + + + + + + + </td></tr><tr><td style="text-align: center;">OR</td></tr><tr><td style="text-align: center;">Employer identification number</td></tr><tr><td style="text-align: center;">+ + + + + + + + </td></tr></table>			Social security number	+ + + + + + + +	OR	Employer identification number	+ + + + + + + +
Social security number							
+ + + + + + + +							
OR							
Employer identification number							
+ + + + + + + +							
Part II Certification							
Under penalties of perjury, I certify that:							
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and							
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and							
3. I am a U.S. person (including a U.S. resident alien).							
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)							
Sign Here	Signature of U.S. person ▶	Date ▶					
Purpose of Form							
A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.							
U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:							
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),							
2. Certify that you are not subject to backup withholding, or							
3. Claim exemption from backup withholding if you are a U.S. exempt payee.							
Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.							
Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).							
Nonresident alien who becomes a resident alien.							
Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.							
If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:							
1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.							
2. The treaty article addressing the income.							
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.							
4. The type and amount of income that qualifies for the exemption from tax.							
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.							