

Heavy Duty Vehicle Reimbursement Completion Form



Division of Climate, Coastal, and Energy

100 W. Water Street, Suite 5A, Dover, DE 19904

Phone: (302) 735 - 3480 & Fax (302) 739 - 1840

Website: de.gov/cleantransportation

Submit to DNREC.Transportation@state.de.us

Invoice Number (internal)

Applicant Information/Primarily Point of Contact

Name of Company:

Name of Contact (First and Last name)

Federal Tax ID #

Daytime Phone:

Cell Phone:

Mailing Address (where voucher will be sent):

City:

State:

Zip code:

Street Address (as it appears on Driver's License):

City:

State:

Zip code:

Driver's License Number and State:

Motor Carrier Information

Motor Carrier Name:

Company Contact Person (first and last name):

Motor Carrier USDOT or
DeIDOT #

Email Address (for Retrofitter Contact Person):

Federal Tax ID #

Mailing Address:

City:

State:

Zip code:

Daytime Phone:

Vehicle Information

Make:

Model:

Year:

Vehicle Identification Number (VIN):

Manufacturer:

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Reimbursement Form (cont.)

Applicant/Primary Point of Contact Name:

Documentation Requirement Checklist

Reimbursement form filled out completely and correctly	Line Setting Ticket	Copy of Final Payment
Copy of Lease Agreement (if applicable)	Final Vehicle Invoice	Delivery Bill of Lading

Application Reimbursement Form Signatures

Application Primary Point of Contact:

I solemnly affirm under penalties of law that I am authorized to make representations on behalf of the applicant, that the contents of the foregoing Reimbursement Form are true to the best of my knowledge, information and belief. I acknowledge that the Delaware Division of Climate, Coastal, and Energy, the Delaware Department of Natural Resources and Environmental Control or an authorized representative may contact me in the future regarding program satisfaction as well as general vehicle information as it relates to this program.

Authorized Primary Point of Contact Signature

Date

Motor Carrier:

I solemnly affirm under penalties of law that I am authorized to make representations on behalf of the motor carrier, that the contents of the foregoing Reimbursement Form are true to the best of my knowledge, information and belief. I acknowledge that the Delaware Division of Climate, Coastal, and Energy, the Delaware Department of Natural Resources and Environmental Control or an authorized representative may contact me in the future regarding program satisfaction as well as general vehicle information as it relates to this program.

Authorized Motor Carrier Signature

Date

Please submit all information to:

Email:

DNREC.Transportation@state.de.us

Address:

100 W. Water Street, Suite 5A, Dover, DE 19904

Phone:

(302) 735 - 3480

Website: <http://www.de.gov/cleantransportation>