

# Mid-Atlantic Anti-Idling Initiative

## Program Application Instructions

### Eligible Applicants

- An eligible applicant is an owner/operator or small trucking company located in Pennsylvania or Delaware.
- The owner/operator or small trucking company must be domiciled and pay taxes in Pennsylvania or Delaware and must be able to prove that they are commercially licensed (CDL) by Pennsylvania or Delaware.
- The applicant must be a business enterprise that has no more than 50 vehicles in its fleet.

### General Requirements for Applications

- Incomplete applications will be returned.
- Type or print legibly all items except the owner's signature in Section VII.
- Printed applications must be in black or blue ink
- If you need space for additional information, attach additional sheets of paper. Write the owner's name on each attached sheet and attach to the application.
- Provide with your application an estimate of the cost of the APU you plan to install on your vehicle. Show the estimated cost of the APU and the estimated cost of APU installation.
- Provide product literature, specifications, or brochures for the APU you plan to install.

### Section-by-Section Information about the Application

#### Section I: OWNER INFORMATION

This section identifies the owner/operator that is applying for funding as well as the number of employees and other information about the company. Also include your Employee Identification Number (EIN). All correspondence will be sent to the contact listed in this section of the application unless noted otherwise.

#### Section II: COMPANY INFORMATION

This section identifies the size of the company fleet (if other than an owner/operator) and requests information about minority/women owned business status. Information about experience with Auxiliary Power Units is also requested.

#### Section III: ENGINE AND TRUCK INFORMATION

This section collects basic information about the truck that will be equipped with an Auxiliary Power Unit.

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## **Section IV: INFORMATION ON TRUCK OPERATIONS**

This section collects basic information about truck operations. Please provide information about the truck's typical use, mileage and fuel consumption.

## **SECTION V: APU INFORMATION**

Provide information about the APU selected to be funded by this project. Provide make, model, cost and other information about the APU. The serial number field should be left blank. MARAMA will request the serial number once the APU is installed.

## **SECTION VI: APU INSTALLER INFORMATION**

Provide information about the APU installer. The APU installer must be a manufacturer approved installer.

## **SECTION VII: COMPANY COMMITMENT**

Type or legibly print the company name, the applicant name, and title of the owner. The owner must sign the form and enter the date that the application was completed. The signature and date must be original.

### **COMPLETE AND SUBMIT THE APPLICATION BY JANUARY 15, 2007 TO:**

Mid-Atlantic Regional Air Management Association  
711 West 40<sup>th</sup> Street  
Suite 312  
Baltimore, Maryland 21211  
Attn: Joan Walstrum

Applications will be forwarded to the appropriate state for review.

# Mid-Atlantic Anti-Idling Initiative

## PROGRAM APPLICATION

Instructions are included for your reference. Incomplete applications will not be reviewed.

### I. OWNER INFORMATION (Please type or print legibly.)

Owner Name:		EIN#:
Company Name:		ICC#:
Number of Employees:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
E-mail Address:		
Program Contact (Please list if different from above):		

### II. COMPANY INFORMATION

Number of Trucks Owned by the Company:
Does the Company Qualify as a Minority Business Enterprise?: If yes please provide certification
Does the Company Qualify as a Women Owned Business Enterprise?: If yes please provide certification:
Please describe experience with Auxiliary Power Units (APUs):

### III. ENGINE & TRUCK INFORMATION (Please provide complete information about your vehicle.)

Truck Make:	Truck Model	
Truck Year:		
Vehicle ID Number (VIN):		
Truck License Plate Number:	Licensing State:	
Color:		
Engine Make:	Engine Model:	
Engine Family Name:		
(Note: This name/number is stamped on the engine's emission control label.)		
Engine Model Year:	Engine Displacement:	Engine Horsepower:
Engine Fuel Consumption at Idle (gallons/hour):		
Is this truck equipped with a sleeper cab or other over-the-road amenities?		
If so, please list the major amenities:		

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#### IV. INFORMATION ON TRUCK OPERATIONS

Miles Traveled over the Last 12 Months (miles):

Length of a Typical Delivery (miles):

Is the truck operated by a single driver or two or more drivers?

Number of Deliveries per Year:

Describe Typical Route:

From:

To:

Describe the Cargo Typically Hauled:

Gallons of Diesel Fuel Consumed over the Last 12 Months (gallons):

Average Miles per Gallon over the Last 12 Months (miles/gallon):

Hours the Truck Engine Idled over the Last 12 Months (hours):

Note: Provide report from the truck's electronic data module or a copy of driver's logbook. Report only the hours the truck engine idled while the driver was resting (sleeper berth time) or the truck was being loaded or unloaded, etc. Do not report hours the engine idled while "on the road" (i.e. stopped in traffic, etc.).

**V. APU INFORMATION** (Please provide information about the APU you plan to install. See the list of approved installers in the Mid-Atlantic Region. You can select the APU and installer of your choice as long as it is approved by MARAMA prior to purchase and installation.)

Make:

Model:

Model Number:

Serial Number:

Note: This information can be supplied after purchase.

APU Engine Family Name:

(Note: This information can be supplied after purchase. This name/number is stamped on the APU engine's emission control label.)

Estimated Cost:

Estimated Installation Cost:

Warranty Cost:

Estimated Total Cost:

Note: The Mid-Atlantic Anti-Idling Initiative will provide \$750 toward the purchase and installation of an APU and another \$2,250 after the participant has operated the APU for one year and submitted two semi-annual reports to MARAMA.

APU Fuel Consumption (gallons/hour):

Other Identifying Information:

Note: Please attach product literature, specifications, or brochures for the APU you plan to install.

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**VI. APU INSTALLER INFORMATION** (Provide information on the APU installer you plan to use.)

Company Name:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
E-mail Address:		
Name of APU Service Manager:		
Is this company a certified/major manufacturer approved installer of the APU? (Circle One)		
Yes      No		

**VII. COMPANY COMMITMENT**

**The owner of the vehicle must sign this document.**

I certify that the information provided herein is true, accurate and complete to the best of my knowledge and belief.
Name:
Title:
Signature:  _____
(Note: Original signature required.)
Date:

Please send your completed application to the following address by January 15, 2007.

The Mid-Atlantic Regional Air Management Association  
711 West 40<sup>th</sup> Street, Suite 312  
Baltimore, MD 21211  
Attn: Joan Walstrum

All applications will be forwarded to the appropriate State contact person for review and selection.