

Notice: Incomplete applications may not be considered. Personally identifiable information collected will be used for grant administration and may be provided to requesters as required by Wisconsin's Open Record law (ss. 19.31-19.39, Wis. Stats.).

Baseline Report - For equipment with an ECM, a copy of an engine download must be included with the this report, unless brand new vehicle. All questions in report must be answered.

Business Name or Owner Operator Name: _____ **Date of download:** _____
To: _____

		Equipment 1	Equipment 2	Equipment 3	Equipment 4
1	Vehicle Identification Number:				
2	Fleet Assigned Unit Number (if applicable):				
3	Make:				
4	Model:				
5	Engine Model Year:				
6	Engine Serial Number:				
7	Engine Rebuilt (y/n)? If "yes", what year was the engine rebuilt?				
8	Vehicle registered in Wisconsin (y/n)? If "no" which state is it registered in?				

Using twelve consecutive months during the past year (e.g., May 2008 - May 2009), answer the following (If vehicle is brand new with no data, use similar vehicle data if possible):

9	If equipment is new, the following data is for a similar equipment (y/n):				
10	Total Miles Traveled or Usage Rate Hours if non-road/stationary (past year):				
11	Total Miles Traveled or Usage Rate Hours, if non-road/stationary, in WI (past year):				
12	Average Miles Per Gallon or Gallons Per Hour if non-road/stationary:				
13	Average Idling Time (hours/year):				
14	Average Idle Percentage Time (%):				
15	Fuel Consumed (gallons/year):				

Project Type:

16	Type of technology being installed or service being provided with grant: (please be specific):				
17	Manufacturer of the technology or service provider:				
18	grant):				

Other Fleet Information:

19	How many other pieces of diesel equipment are in your fleet:				
20	Of these pieces, how many are equipped with add-on emission control or idling reduction devices:				
21	List the types of devices:				
22	List any other strategies used to reduce fuel and/or emissions:				
23	Do you use alternative fuels (y/n)? If so, what type:				

I certify that the information within this report is correct and was derived from on-board, electronically recorded data (if ECM-equipped):

Signature	Date
Facility Contact Name	Title

Retain a copy of the completed form for your records and fax (608/267-0560) or mail to:
Wisconsin Department of Natural Resources, ARRA Clean Diesel Grant Program, PO Box 7921, Madison, WI 53707-7921