

ALTERNATIVE FUELS REBATE

(FOR COSTS INCURRED PRIOR TO JULY 1, 2009)

Part 1: Applicant Information for Businesses

Qualified Entity				
Contact				
Street Address				
City	State	ZIP	Phone ()	Fax ()
Mailing Address				
City	State	ZIP	Department of Revenue Account Number	
If vehicle is leased to applicant, please provide owner information. Remember to attach a letter from the owner (lessor) stating the applicant (lessee) will be the sole recipient of the rebate.				
Owner (lessor)			Contact	
Street Address				
City	State	ZIP	Phone ()	Fax ()
Department of Revenue Account Number		●		
Type of Qualifying Entity 56 <input type="checkbox"/> <input type="checkbox"/> Please see page 1 of DR 0166 Alternative Fuels Rebate Instructions for entity code.				
Vehicle Information This motor vehicle must be titled and registered in the state of Colorado. Attach a copy of the Colorado title and a copy of the Colorado registration.				
Manufacturer ●	Year ●	Model	VIN	
Incremental Purchase Price (OEM) ●	Conversion Cost \$ ●	Date Cost is incurred (Attach copy of purchase order or copy) ●		
● Is this motor vehicle used solely and exclusively for the business or official activities of the qualified entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what percent of the time during the calendar year is the motor vehicle used for the business or official activities of the entity? _____ %				
● Does this motor vehicle or power source permanently displace a motor vehicle or power source that is ten years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation.				
● <input type="checkbox"/> LEV (Lower-emitting vehicle) <input type="checkbox"/> ULEV or ILEV (ultra low-emitting vehicle or inherently-low-emitting vehicle) <input type="checkbox"/> ZEV (zero-emitting vehicle)				
Applicant Certification I certify under penalty of perjury in the second degree that the above statements are true.				
Signature			Date	
Print Name			Title	

Part 2: Dealer or Installer Technical Information

AFS Emissions Certification: (Vehicle must be certified by EPA.)				
EPA Federal Certification: <input type="checkbox"/> LEV (Low-emitting vehicle) <input type="checkbox"/> ULEV or ILEV (ultra low-emitting vehicle or inherently-low-emitting vehicle) <input type="checkbox"/> ZEV (zero-emitting vehicle) Attach documentation of EPA emissions certification				
Cost of AFS \$	Date of AFS purchase or installation		Attach invoice that details the actual price paid, including parts and labor.	
Certification: I certify the information of Part 2 is accurate and that a true and accurate invoice reflecting the cost to the applicant is attached.				
Dealer or Installer			Date	
Address				
City	State	ZIP	Phone ()	Fax ()
Signature			Title	