



Note: Please include a copy of this form for each eligible project vehicle

For the Vehicle you are converting, provide the following information:

1	On-road vehicle type:	<p>Must be of the following as defined in ORS 801:</p> <table border="0"> <tr> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> Fixed load vehicle</td> <td><input type="checkbox"/> Tow vehicle</td> </tr> <tr> <td><input type="checkbox"/> Commercial bus</td> <td><input type="checkbox"/> Law enforcement vehicle</td> <td><input type="checkbox"/> Truck tractor</td> </tr> <tr> <td><input type="checkbox"/> Commercial motor vehicle</td> <td><input type="checkbox"/> Motor truck</td> <td><input type="checkbox"/> School activity vehicle</td> </tr> <tr> <td><input type="checkbox"/> Commercial vehicle</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> School bus</td> </tr> <tr> <td><input type="checkbox"/> Emergency vehicle</td> <td></td> <td><input type="checkbox"/> Worker transport bus</td> </tr> </table>	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fixed load vehicle	<input type="checkbox"/> Tow vehicle	<input type="checkbox"/> Commercial bus	<input type="checkbox"/> Law enforcement vehicle	<input type="checkbox"/> Truck tractor	<input type="checkbox"/> Commercial motor vehicle	<input type="checkbox"/> Motor truck	<input type="checkbox"/> School activity vehicle	<input type="checkbox"/> Commercial vehicle	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> School bus	<input type="checkbox"/> Emergency vehicle		<input type="checkbox"/> Worker transport bus
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fixed load vehicle	<input type="checkbox"/> Tow vehicle															
<input type="checkbox"/> Commercial bus	<input type="checkbox"/> Law enforcement vehicle	<input type="checkbox"/> Truck tractor															
<input type="checkbox"/> Commercial motor vehicle	<input type="checkbox"/> Motor truck	<input type="checkbox"/> School activity vehicle															
<input type="checkbox"/> Commercial vehicle	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> School bus															
<input type="checkbox"/> Emergency vehicle		<input type="checkbox"/> Worker transport bus															
2	VIN number:																
3	Vehicle make:																
4	Vehicle model:																
5	Model year:																
6	Gross vehicle weight (GVW) and class:																
7	Current fuel system:	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel															
8	New vehicle fuel type:	<input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____															
9	Conversion kit manufacturer:																
10	Conversion kit system:	<input type="checkbox"/> Single <input type="checkbox"/> Bi-fuel <input type="checkbox"/> Tri-fuel <input type="checkbox"/> Other: _____ Other fuel types: _____															
11	Name of company performing conversion:																
12	Estimated annual vehicle mileage:																
13	Estimated fuel economy (MPG):																
14	Primary vehicle location:																
16	Vehicle registration:	<input type="checkbox"/> Where applicable, International Registration Plan must have Oregon as the base jurisdiction.															
17	Price of conversion kit (equipment only):																
18	Cost of kit installation:																
19	Total cost of conversion (sum of lines 17 & 18):																