

# FORKLIFT INFORMATION

Complete one (1) Form A2 per forklift

**Only forklifts powered by an LSI engine are eligible to be replaced through the program**

### CURRENT LSI FORKLIFT

Equipment Address:		
City:	Zip Code:	
Equipment Identification Number (VIN/PIN):		Fleet ID Number (Unit #):
Equipment Make:	Equipment Model:	Model Year:
Hour Meter Reading:		Annual Operation Hours:
Manufacturer rated lift capacity - Refer to the plate attached to the dashboard or engine hood for this information.		
<input type="checkbox"/> Class IV (Cushion Tire)	Lift Capacity: _____ lbs.	<input type="checkbox"/> Class V (Pneumatic Tire)
		Lift Capacity: _____ lbs.
Engine Make:		Engine Model:
Engine Serial Number:	Engine Horsepower:	Engine Model Year:
Fuel Type:		
<input type="checkbox"/> Propane <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Gasoline <input type="checkbox"/> Other, describe:		

### VOCATION

What type of facility/vocation does the forklift operate (choose one only):		
<input type="checkbox"/> Agricultural – packing house	<input type="checkbox"/> Dockyard	<input type="checkbox"/> Restaurant/Grocery
<input type="checkbox"/> Agricultural – processing facility	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Building/Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Containers	<input type="checkbox"/> Recycling operations	

# Form A2

## Zero-Emission Forklift Program

### STANDARD REPLACEMENT

#### NEW ZERO EMISSION FORKLIFT

Equipment Make:	Equipment Model:	Model Year:
Manufacturer rated lift capacity - Refer to the plate attached to the dashboard or engine hood for this information (if applicable).  <input type="checkbox"/> Class IV (Cushion Tire)    Lift Capacity: _____ lbs.      <input type="checkbox"/> Class V (Pneumatic Tire)    Lift Capacity: _____ lbs.		
Motor Make:	Motor Model:	
Motor Horsepower or Kilowatt-hour (kWh):	Motor Model Year:	