



OFF-ROAD EQUIPMENT INFORMATION

Complete 1 Form per Old Tractor/Loader

ACTIVITY INFORMATION

Equipment Type: (examples: ag tractor, wheel loader, forklift, ect.):	
Current Annual Operation (in hours):	Hour Meter Reading:
Will this equipment be eliminated, replaced, or have a reduction in hours: <input type="checkbox"/> Eliminated <input type="checkbox"/> Replaced <input type="checkbox"/> Reduction of hours	

OLD EQUIPMENT INFORMATION

Equipment Identification Number (VIN or PIN):		Fleet ID Number (Unit #):
Equipment Make:	Equipment Model:	Equipment Model Year:
Engine Make:	Engine Model:	Engine Model Year:
Engine Serial Number:	Horsepower:	US EPA Family Name:
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify):	Engine Tier: <input type="checkbox"/> Uncontrolled, Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4	
If the equipment is being kept with reduced hours , what is the new anticipated annual usage:		