

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 Identification Number (VIN/PIN):		Fleet ID Number (Unit #):
Equipment Make:	Equipment Model:	Model Year:
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)		<input type="checkbox"/> Class V (Pneumatic Tire)
Lift Capacity: _____ lbs.		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/USAGE

Equipment Address:	
City:	Zip Code:
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"/> Agricultural – processing facility	<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Building/Construction	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Containers	<input type="checkbox"/> Recycling operations
<input type="checkbox"/> Restaurant/Grocery	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other _____	
Hour Meter Reading:	Annual Operation Hours:
% Use in the San Joaquin Valley	% Use in California

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)		<input type="checkbox"/> Class V (Pneumatic Tire)
Lift Capacity: _____ lbs.		Lift Capacity: _____ lbs.
Motor Make:	Motor Model:	
Motor Horsepower or Kilowatt-hour (kWh):	Motor Model Year:	
Total Cost:		