



New York City Department of Transportation New York City Clean Trucks Program



Rebate Program

The New York City Department of Transportation (NYC DOT) is accepting applications for a voluntary, clean vehicle rebate program for truck owners and fleets that are domiciled or operate in or within 0.5 miles of program-approved Industrial Business Zones (IBZs) throughout New York City. The NYC DOT New York City Clean Trucks Program (NYCCTP) offers rebate incentives to replace older, heavy polluting diesel trucks with a new battery electric, alternative fuel (compressed natural gas [CNG], diesel-electric hybrid, and plug-in diesel-electric hybrid), and diesel trucks. Applications are being sought from independent owner operators (IOOs), fleet operators, local businesses, truck leasing companies, and others that meet program requirements.

Important Program Information

- All completed applications will be considered on a first-come, first-served basis. Only applications that are considered complete will move forward.
- Truck substitutions will not be made for the Qualifying Truck(s). If a Qualifying Truck is removed at any time during the NYCCTP rebate incentive funding process, review, and/or approval, the NYCCTP funding allocation will be forfeited. Substituted trucks must be submitted under a separate application and will be considered with all other complete applications on a first-come, first-served basis.
- A five (5) year program commitment from the applicant is required for truck replacements.
- For the duration of the program commitment, the Replacement Truck must perform Regular Operation by being domiciled or operate in or within 0.5 miles of program-approved IBZs at least **two (2) times** per week on average and by maintaining **seventy (70) percent** of the total vehicle miles traveled occurs within the Tri-State area of New York, New Jersey, and Connecticut state geographic boundaries.
- Applicant understands that vehicle safety enhancements are required to be installed and maintained on each Replacement Truck. Required safety enhancements include side mirrors with split mirror design, cross-over mirrors, passenger door down view mirror, a backup alert system, and side guards.
- You may **not** order or purchase any Replacement Truck prior to obtaining an executed Participant Agreement and approval from the NYC DOT or NYCCTP Administrator. Any new truck purchased **prior** to Participant Agreement execution is **ineligible** for the rebate incentive.
- You may **not** scrap a truck prior to obtaining an executed Participant Agreement and approval from the NYC DOT or NYCCTP Administrator. Any truck scrapped **prior** to Participant Agreement execution is **ineligible** for the rebate incentive.
- Rebate amounts will be distributed to the dealership or original equipment manufacturer after the new truck is delivered to the applicant.
- Applications submitted with altered language or forms will be void.
- The approved rebate incentive amount shall apply to all other government financial purchase contributions.

Criteria for Eligibility of Applicants & Qualifying Trucks

- Qualifying Truck must be a Class 4 to Class 8 diesel-fueled truck with a Model Year 1992-2009 engine.
- Qualifying Truck must have been owned by the applicant **and** registered within the nine-county New York Metropolitan Area (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester) for at least the previous 24 months.
- Applicant must provide proof the Qualifying Truck: (a) has been domiciled in or within 0.5 miles of a program-approved IBZ for the previous 24 months, **OR** (b) has been operated in or within 0.5 miles of program-approved IBZs at least two (2) times per week on average for the previous 24 months.
- Qualifying Truck must have been operated for at least 5,000 miles annually over the previous 24 months.
- The Qualifying Truck chassis must be cut, and the engine must be scrapped in accordance with program requirements.
- Program-approved IBZs include Bathgate, Eastchester, Hunts Point, Port Morris, Zerega, Brooklyn Navy Yard, East New York, Flatlands Fairfield, Greenpoint Williamsburg, North Brooklyn, Southwest Brooklyn, Jamaica, JFK, Long Island City, Maspeth, Ridgewood, Steinway, Woodside, North Shore, and Westshore. IBZ maps can be found on the website (<https://www.nycctp.com/ibzs/>).

Trucks Not Eligible for Replacement

- A truck that would have been replaced through normal attrition (i.e., normal fleet turnover).
- A truck that is non-functional (e.g., a non-working engine, non-operational truck).

For Additional Information, Assistance, or to Receive Application Materials, Please Contact Us By:
website: www.nycctp.com | **email:** nycctp@tetrattech.com | **phone:** 877-310-2734



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Criteria for Replacement Trucks

- Have an engine model year (EMY) equal to the delivery date calendar year, be one calendar year newer, or be one calendar year older. For example, for delivery date calendar year 2020, eligible EMYs would include 2019, 2020, and 2021.
- Perform the same function (vocation) and have similar horsepower ($\pm 25\%$) as the diesel-powered truck being replaced. A change in horsepower greater than 25% is subject to approval on a case-by-case basis.
- Be maintained and remain in use by the applicant for a minimum of five (5) years from the approved date of delivery.
- Replace the eligible old truck with a comparable new truck: Class 4-7 trucks must be replaced with the same or one weight class lower truck (e.g., a Class 6 truck can be replaced by either a Class 6 or Class 5 truck), Class 8 trucks must be replaced by Class 8 trucks, Class 3 trucks are not eligible as a Replacement Truck option.
- Average a minimum of 5,000 miles/year and be maintained in good working condition during the five (5) year program commitment period.
- Be registered on-road in the nine-county New York Metropolitan Area (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester).
- Be domiciled or operated in or within 0.5 miles of NYC Clean Trucks Program-approved IBZs at least two times per week on average.
- Be operated such that at least 70% of the total vehicle miles traveled (VMT) occurs within the Tri-State area of New York, New Jersey, and Connecticut.
- AVL/GPS monitoring is required for the duration of the five (5) year program commitment period to demonstrate truck operation compliance.
- Incorporate Vision Zero Vehicle Safety Enhancements (<https://www1.nyc.gov/content/visionzero/pages/>)

APPLICATION INSTRUCTIONS

HOW TO APPLY:

1. Complete the Rebate Application (**Form 1**). The application must be signed and dated.
2. Complete and attach the Supplemental Application Cover Sheet (**Form 2**).
3. Complete and attach the Supplemental Application Form (**Form 3**) for each vehicle to receive a rebate amount.
4. Include all required attachments (e.g. Proof of registration, vehicle title, satisfaction of lien, proof of insurance, and proof of vehicle use or domicile within 0.5 miles of program-approved IBZ boundaries).

Submitted application forms must include original wet ink signatures by the applicant. All forms must be legible and unaltered. Altered application forms will not be accepted. After the submittal of the application and all supporting documents, the NYCCTP Administrator will review the application. The applicant will be notified if any additional information is needed or if there are any discrepancies in the documents submitted. Submission of an application does not guarantee rebate.

PUBLIC INFORMATION NOTICES

Upon application submission, all documents become the property of the NYC DOT and as such become subject to the New York State Freedom of Information Law, Public Officers Law, Article 6, Sections 84-90. Applicants are entitled to request and review their personal information the NYC DOT gathers on its forms. Applicants may also have any application errors corrected. To review such information, contact the NYCCTP.

SUBMIT APPLICATIONS BY*:

Email: nycctp@tetrattech.com

Mail: NYCCTP c/o Tetra Tech, Inc.
249 E. Ocean Blvd., Suite 325
Long Beach, CA 90802

*Please note: Applications can be submitted by Email or Mail to begin the rebate process. However, original applications, with inked-signatures (no photocopies) must be submitted to the NYCCTP Administrator within thirty (30) days.

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**New York City Department of Transportation
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FORM 1: Rebate Application

Part 1: Signature Page

Applicant/Company Name: _____	
Type of Company:	<input type="checkbox"/> Independent Owner <input type="checkbox"/> Leasing/Rental Company <input type="checkbox"/> Licensed Motor Carrier <input type="checkbox"/> Fleet Owner <input type="checkbox"/> Other: _____
Vocation:	<input type="checkbox"/> Produce Distributor <input type="checkbox"/> Seafood Distributor <input type="checkbox"/> Waste and Recycle Collection <input type="checkbox"/> Beverage Distributor <input type="checkbox"/> Commercial Carrier <input type="checkbox"/> Moving and Storage <input type="checkbox"/> Meat Distributor <input type="checkbox"/> Leasing/Rental Company <input type="checkbox"/> Other: _____

Certifications

I have read the Eligibility Criteria and Application Guidelines and agree to **ALL** of the following terms and conditions by initialing each of the sections:

- Initial** _____ Applicant fully understands that the NYCCTP is a five (5) year program commitment for truck replacements.
- Initial** _____ Applicant fully understands that no substitutions will be made for the Qualifying Truck(s). If a Qualifying Truck is removed anytime during the NYCCTP rebate incentive funding process, review, and/or approval, the NYCCTP funding allocation will be forfeited. Substituted trucks must be submitted under separate application and will be considered with all other complete applications on a first-come, first-served basis.
- Initial** _____ For the duration of the program commitment, the Replacement Truck must perform Regular Operation by being domiciled or operate in or within 0.5 miles of program-approved IBZs at least **two (2) times** per week on average and by maintaining **seventy (70) percent** of the total vehicle miles traveled occurs within the Tri-State area of New York, New Jersey, and Connecticut state geographic boundaries.
- Initial** _____ Applicant agrees to install an NYCCTP sponsored Automatic Vehicle Locator (AVL) for Regular Operation compliance monitoring for the five (5) year program commitment period.
- Initial** _____ For truck replacement purchases that utilize alternative fuel technology (battery electric, CNG or plug-in diesel-electric hybrid), it is the applicant's responsibility to identify if locations for charging/fueling infrastructure for the new truck(s) is readily available.
- Initial** _____ Applicant fully understands that the NYCCTP is a cost sharing program, and it is the applicant's responsibility to cover the remaining balance after the rebate amount has been applied.
- Initial** _____ Applicant will not purchase the new truck(s) until receiving an executed Participant Agreement and approval from the NYC DOT or NYCCTP Administrator. Any new truck purchased prior to Participant Agreement execution is ineligible for the rebate incentive.
- Initial** _____ Applicant will not scrap the Qualifying Truck(s) until receiving an executed Participant Agreement and approval from the NYC DOT or NYCCTP Administrator.
- Initial** _____ NYC DOT or NYCCTP Administrator maintains the right to inspect the Qualifying Truck prior to vehicle scrappage and/or Replacement Truck prior to delivery, and at any time during the five (5) year program commitment period.
- Initial** _____ Applicant understands that vehicle safety enhancements are required to be installed and maintained on each Replacement Truck. Required safety enhancements include side mirrors with split mirror design, cross-over mirrors, passenger door down view mirror, a backup alert system, and side guards.
- Initial** _____ I have read and agree to the conditions and requirements of the NYC DOT NYCCTP as stated in this program document.

Authorized Official: Applicant or an Employee of the Applicant Authorized to apply for the Rebate Amount

I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct. If the application was prepared by a third party, I certify that I have read the complete application after all forms and information were completed. I agree with the information provided, and the date provided below is the date I signed the form. I further understand that prior to incorporating these forms and information into a rebate Participant Agreement, the data and information may be revised by the NYC DOT or NYCCTP Administrator for accuracy and that our acceptance of a rebate Participant Agreement will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting Participant Agreements voidable. Intentional falsification of these forms will be prosecuted to the extent allowed under the law and may be used as an adverse factor in future rebate awards.

Signature of Authorized Official: _____

Applicant/Company Name: _____

Print Name of Authorized Official: _____ Date: _____

Title of Authorized Official: _____

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FORM 1: Rebate Application

Part 2: Designation of Officials and Access to Records Location

1. Authorized Official: The person signing this application.

Name: Title:

Mailing Address: Street Address City State Zip Code

Physical Address: (For Express Delivery; No P.O. Box) Street Address City State Zip Code

Main Phone Number: Secondary Number:

Email Address:

2. Designated Project Representative: The applicant or an employee of the applicant who will serve as the Rebate contact and will be responsible for receiving and submitting the Rebate Participant Agreement documents, including annual usage reports. This person may not be a consultant or dealer.

Same As Authorized Official

Name: Title:

Mailing Address: Street Address City State Zip Code

Physical Address: (For Express Delivery; No P.O. Box) Street Address City State Zip Code

Main Phone Number: Secondary Number:

Email Address:



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FORM 2: Supplemental Application Cover Sheet
(Attach to FORM 1: Rebate Application Form)

1. Type of Application: Each Qualifying Truck for truck replacement will require a separate Supplemental Application Form (See Form 3). Indicate below, the number of Supplemental Application Forms (Form 3) that are included:

A. _____ Number of Qualifying Truck(s) for Truck Replacement(s) included in this application.

Please submit a separate Form 3 and Form 3A for each Qualifying Truck for truck replacement.

Diesel-fueled Replacement Trucks are restricted to small fleets operating with less than fifteen (15) medium- and heavy-duty trucks (owned, or leased, for at least one [1] year) currently registered within New York State.

Important Information

- You may NOT order or purchase any Replacement Truck prior to obtaining an executed Participant Agreement and approval from the NYC DOT or NYCCTP Administrator. Any new truck purchased prior to Participant Agreement execution is ineligible for the rebate incentive.
- You may **NOT** scrap a Qualifying Truck prior to obtaining an executed Participant Agreement and approval from the NYCDOT or NYCCTP Administrator. Any truck scrapped prior to Participant Agreement execution is ineligible for the rebate incentive.

Timeline Requirements

- The application for a Qualifying Truck, including the original signed application, must be completed and returned to the NYCCTP Administrator within thirty (30) days of initial submittal. An application will be considered denied if applicant fails to meet the thirty (30) day deadline.
- Within sixty (60) days of approval notification for a Qualifying Truck, the applicant must provide a draft dealership invoice for the Replacement Truck and a completed Qualifying Truck inspection form. An application will be considered denied if applicant fails to meet the sixty (60) day deadline.
- The Replacement Truck must be delivered to applicant within nine (9) months of initial application submittal date. Applicant will forfeit NYCCTP rebate incentive funding if a nine (9) month delivery date is not satisfied.

2. Attachment Checklist for Each Qualifying Truck: Be sure to provide a copy of each item in the checklist below for each Supplemental Application Form [Form 3]).

- Truck Registration** (Must Be Current for Two [2] Consecutive Years)
- Truck Title and Lien Release**, *if applicable*
- Insurance Coverage** (Must Be Current for Two [2] Consecutive Years)
- Photograph of Engine Family Name** (Engine Tag)
- Photograph Engine Serial Number** (Engine Tag)
- Photograph of Engine Horsepower** (Engine Tag)
- Photograph of Vehicle Identification Number (VIN)**
- Photograph of Qualifying Truck Gross Vehicle Weight Rating (GVWR)**
- Proof of Service** (Form 3A) that the Qualifying Truck meets program requirements for regular service to the program-approved IBZs for 24 months prior to the application date.



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**FORM 3: Supplemental Application Form
(Submit One Per Qualifying Truck)**

Replacement Truck Fuel Type: (Select From One of the Check Boxes Below)

- | | |
|--|--|
| <input type="checkbox"/> Battery Electric | <input type="checkbox"/> Plug-In Diesel-Electric Hybrid |
| <input type="checkbox"/> Compressed Natural Gas (CNG) | <input type="checkbox"/> Diesel |
| <input type="checkbox"/> Diesel-Electric Hybrid | |

*Replacement Truck and engine model year must be equal to current calendar year, one calendar year newer, or one calendar year older.

1. Qualifying Truck Information

Gross Vehicle Weight Rating	<input type="checkbox"/> Class 4 (14,001 to 16,000 lbs.)	<input type="checkbox"/> Class 6 (19,501 to 26,000 lbs.)
	<input type="checkbox"/> Class 5 (16,001 to 19,500 lbs.)	<input type="checkbox"/> Class 7 (26,001 to 33,000 lbs.) <input type="checkbox"/> Class 8 (33,001 lbs. or Greater)
Fuel Type	Diesel	
Truck/Vehicle Identification Number (VIN)		
Truck Make/Model		
Truck Model Year		
Engine Family Name (12-Digits)		
Engine Serial Number		
Engine Make Model		
Engine Model Year		
Engine Horsepower		
Current Odometer Reading on Truck		

2. Replacement Truck Information, if known

Fuel Type	<input type="checkbox"/> Battery Electric	<input type="checkbox"/> Diesel-Electric Hybrid or Plug-in Diesel-Electric Hybrid
	<input type="checkbox"/> Compressed Natural Gas (CNG)	<input type="checkbox"/> Diesel
Truck Make		
Truck Model		
Truck Year		

3. Dealership Vendor Contact Information, if known

<i>Name of Dealership/Original Equipment Manufacturer</i>		<i>Contact Name</i>		<i>Phone Number</i>	
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Email Address</i>					

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FORM 3A: Proof of Service
Program-Approved IBZs
(Attach to Form 3: Supplemental Application Form)

The Qualifying Truck must meet program requirements for Regular Service to the program-approved IBZs, which include Bathgate, Eastchester, Hunts Point, Port Morris, Zerega, Brooklyn Navy Yard, East New York, Flatlands Fairfield, Greenpoint Williamsburg, North Brooklyn, Southwest Brooklyn, Jamaica, JFK, Long Island City, Maspeth, Ridgewood, Steinway, Woodside, North Shore, and Westshore. IBZ maps can be found on the website (https://www.nycctp.com/ibzs/).

Please complete Section 1 or 2, as appropriate.

Qualifying Truck Vehicle Identification Number:

1. Qualifying Truck is Domiciled Within 0.5 Miles of Program-Approved IBZ

Company:

Address:

Street Address City State Zip Code

Is the domiciled address, above, the same as the address shown on the truck title and truck registration?
Yes No

If no, please explain why and provide proof of service to Program-Approve IBZs (See Section 2):

2. Qualifying Truck is Not Domiciled Within 0.5 Miles of Program-Approved IBZ, But Provides Regular Services

Company:

Address:

Street Address City State Zip Code

Program-Approved IBZs Frequented Weekly

- Bathgate Zerega Greenpoint Williamsburg JFK Steinway
Eastchester Brooklyn Navy Yard North Brooklyn Long Island City Woodside
Hunts Point East New York Southwest Brooklyn Maspeth Northshore
Port Morris Flatlands Fairfield Jamaica Ridgewood Westshore

Estimated Average Weekly Trips to Program-Approved IBZs: Estimated Number of Trips/Week

Proof of Service Required (Select From List Below and Attach to Form 3A):

Delivery Receipts Bill of Lading to Local Businesses Other: