

**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
HEAVY-DUTY DRAYAGE TRUCK REPLACEMENT PROGRAM  
DEALER CERTIFICATION FORM**

This form is required to be completed by the dealer and submitted to AQMD within seven (7) business days of receipt of the old truck by the dealer or along with the invoice for payment under the AQMD Heavy-Duty Drayage Truck Replacement Program.

Today's Date \_\_\_\_\_

AQMD Contract No. \_\_\_\_\_ AQMD Project ID \_\_\_\_\_

**Old Vehicle Owner Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Old Vehicle Information**

VIN \_\_\_\_\_ , Odometer Reading \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

**Old Engine Information**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Serial No \_\_\_\_\_ Horsepower \_\_\_\_\_

Date Old Vehicle \_\_\_\_\_

Received by Dealer: \_\_\_\_\_

Date New Vehicle Released to Contractor: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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