SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 Copley Drive, Diamond Bar, CA 91765
Fleet Rule Implementation 909-396-3044

FORM 1196TICR
Revised 11/18/26

RULE 1196 TECHNICAL INFEASIBILITY CERTIFICATION REQUEST

SUBMIT COMPLETED FORM 60 DAYS PRIOR TO PURCHASE OR LEASE OF VEHICLE

(USE ONE FORM PER VEHICLE MODEL)

1. ENTITY NAME:	FACILITY ID# (IF KNOWN)
2. MAILING ADDRESS:	
3. CONTACT PERSON, TITLE, TELEPHONE, EMAIL:	
4. ALTERNATE CONTACT, TITLE, TELEPHONE, EMAIL:	

5A. VEHICLE TYPE/APPLICATION TO BE EXEMPTED AND HOW MANY. INCLUDE ITS DESCRIPTION AND SPECIFICATONS BELOW OR AS **ATTACHMENT 1**. (OPTIONAL – HOWEVER, SUBMISSION OF ADDITIONAL VEHICLE SPECIFICATIONS IS RECOMMENDED.)

VEHICLE DESCRIPTION_____ # OF VEHICLES:_____

PROPUL./AUX PROPUL./AUX

HORSEPOWER = _____HP; TORQUE = _____LB-FT; GVWR = _____LB; GCWR = _____LB

NOTES_____

5B. WILL THIS VEHICLE BE A REPLACEMENT OR ADDITION TO THE FLEET? _____

IF REPLACEMENT, PLEASE COMPLETE THIS SECTION. EXISTING VEHICLE TYPE/APPLICATION TO BE REPLACED AND HOW MANY. INCLUDE ITS DESCRIPTION AND SPECIFICATONS BELOW. (OPTIONAL – HOWEVER, SUBMISSION OF ADDITIONAL VEHICLE SPECIFICATIONS IS RECOMMENDED.)

VEHICLE DESCRIPTION_____ # OF VEHICLES:_____

PROPUL./AUX PROPUL./AUX

HORSEPOWER = _____HP; TORQUE = _____LB-FT; GVWR = _____LB; GCWR = _____LB

NOTES_____

6. **FLEET DESCRIPTION** –– INCLUDE AS **ATTACHMENT 2,** THE MAKE, MODEL, MODEL YEAR, FUEL TYPE, AND APPLICATION OF ALL VEHICLES AFFECTED BY RULE 1196 (GVWR 14,000 OR GREATER) THAT ARE CURRENTLY OPERATING IN THE SCAQMD IF THIS IS YOUR FIRST APPLICATION OR IF THIS APPLICATION IS OVER SIX MONTHS FROM A PREVIOUS APPLICATION.

7. **JUSTIFICATION OF TECHNICAL INFEASIBILITY CERTIFICATION REQUEST:**

- SELECT ONE OF THE FOLLOWING, A OR B
- NOTE: IF MORE THAN ONE OPTION APPLIES, AND YOU WOULD LIKE TO INCLUDE DOCUMENTATION FOR MORE THAN ONE OPTION, CHECK FIRST WITH SCAQMD FLEET RULE STAFF AT 909-396-3044.

A. ☐ COMPLIANT VEHICLE MODEL IS UNAVAILABLE. INCLUDE THE FOLLOWING DOCUMENTATION AS **ATTACHMENT 3**:

I) REQUEST FOR BID OR OTHER SOLICITATION DOCUMENT FOR ALTERNATIVE-FUEL AND DIESEL VEHICLES. AT MINIMUM, INCLUDE BASIC SPECIFICATIONS THAT PERTAIN TO HORSEPOWER, TORQUE, GVWR, GCWR, ANY CAPACITIES, WHEELBASE, OVERALL LENGTH, CAB CONFIGURATION, AND ALL FUEL OPTIONS.

II) WRITTEN DOCUMENTS FROM AT LEAST TWO SEPARATE VENDORS RESPONDING TO THE ABOVE REQUEST.

III) VENDOR NAMES, ADDRESSES, CONTACT NAMES, TELEPHONE NUMBERS, AND EMAILS.

IV) DESCRIPTION AND BASIC SPECIFICATIONS (HP, TORQUE, GVWR, GCWR) OF DIESEL VEHICLE(S) CURRENTLY USED BY FLEET IN THE APPLICATION SPECIFIED IN # 5A ABOVE.

B. ☐ COMPLIANT VEHICLE MAY EXCEED THE COST-EFFECTIVENESS THRESHOLD. INCLUDE THE FOLLOWING DOCUMENTATION AS **ATTACHMENT 3**:

I) REQUEST FOR BID OR OTHER SOLICITATION DOCUMENT FOR ALTERNATIVE-FUEL AND DIESEL VEHICLE(S). AT MINIMUM, INCLUDE BASIC SPECIFICATIONS THAT PERTAIN TO HORSEPOWER, TORQUE, GVWR, GCWR, ANY CAPACITIES, WHEELBASE, OVERALL LENGTH, CAB CONFIGURATION, AND ALL FUEL OPTIONS.

II) WRITTEN DOCUMENTS FROM ALL VENDORS IN RESPONDING TO ABOVE REQUEST.

III) VENDOR NAMES, ADDRESSES, CONTACT NAMES, TELEPHONE NUMBERS, AND EMAILS.

IV) THE COST-EFFECTIVENESS CALCULATION, SHOWING THAT COST-EFFECTIVENESS IS ABOVE THE THRESHOLD SET BY CARL MOYER OR MSRC PROGRAMS. INCLUDE VEHICLE COST INFORMATION FROM VENDORS. (TO OBTAIN THE LATEST COST-EFFECTIVENESS CRITERIA, CALL SCAQMD STAFF AT 909-396-3044.)

V) DESCRIPTION AND BASIC SPECIFICATIONS (HP, TORQUE, GVWR, GCWR) OF DIESEL VEHICLE(S) CURRENTLY USED BY FLEET IN THE APPLICATION SPECIFIED IN #5B ABOVE.

8. **SIGNATURE OF PERSON RESPONSIBLE FOR RULE 1196 COMPLIANCE**

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT THIS APPLICATION IS BEING PROVIDED TO THE SCAQMD EXECUTIVE OFFICER AT LEAST 60 DAYS PRIOR TO THE DATE OF PURCHASE OR LEASE OF REPLACEMENT OR ADDITIONAL HEAVY-DUTY VEHICLES, AS REQUIRED BY RULE 1196(e)(1). APPROVAL OF TECHNICAL INFEASIBILITY CERTIFICATION REQUEST (TICR) IS SUBJECT TO VERIFICATION OF INFORMATION SUBMITTED PURSUANT TO THIS FORM AND CONCURRENCE BY SCAQMD STAFF. I UNDERSTAND THAT SCAQMD STAFF MAY REQUIRE ADDITIONAL INFORMATION TO PROCESS THIS TICR FORM, AND THIS TICR WILL BE CONSIDERED COMPLETE WHEN ALL PERTINENT INFORMATION REQUESTED BY SCAQMD STAFF ARE SUBMITTED.

SIGNATURE _____

NAME _____

TITLE _____

DATE SIGNED (MONTH / DAY / YEAR)_____

IN _____, CALIFORNIA.

Send completed application to fleetrules@aqmd.gov or mail to:

South Coast AQMD
PRDI - FLEET RULE IMPLEMENTATION
21865 Copley Drive
Diamond Bar, CA 91765-4182

If you need assistance in completing this application, please call the Fleet Rules Implementation Hotline at (909) 396-3044 or email fleetrules@aqmd.gov.