



South Coast Air Quality Management District
 21865 East Copley Drive
 Diamond Bar, CA 91765
 (909) 396-2000

CONFIDENTIAL

RULE 1194 FUNDING REQUEST FORM

Date of Application: _____

Complete the information below. Documentation must be maintained at the below worksite for verification of the applicant funding request.

Section I - Applicant Information

Name of Taxicab Operator: _____

Address of Taxicab Operator _____ City _____ Zip _____

Phone # _____

Fax # _____

Fed Tax ID# or SS # _____ CA Driver's License# _____ Expires _____

Insurance Co. _____ Policy # _____ Effective Dates _____

Name of Agent _____ Phone # _____ Fax # _____

Bank Accounts: Checking Acct # _____ Bank Name _____

Savings Acct # _____ Bank Name _____

Affiliate Taxi Association _____ Address _____

Phone # _____ Fax # _____ Email _____

Which airport(s) will the vehicle(s) be authorized to pick up passengers? LAX BUR ONT SNA LGB PSP

Permit # for LAX operation: _____

Have you received funding from another program offered by the AQMD for purchasing taxis? If so, please state the program, approximate date and amount received _____

Section II - Vehicles Requested

Quantity and Type of Taxi(s) Requested	Total Cost of Vehicle(s) before Incentives	Vehicle Identification #
_____	_____	_____

THIS FORM MUST BE SIGNED BY THE RESPONSIBLE INDIVIDUAL WHO IS REQUESTING THE AQMD FUNDING AND MEETS ALL THE OTHER NECESSARY REQUIREMENTS OF RULE 1194.

I understand that funding is at the discretion of the SCAQMD. Pursuant to the regulation of Rule 1194 I agree to operate the vehicle(s) in the South Coast District for no less than three years. In the event of changes in ownership or operation of the vehicle, I agree to notify the SCAQMD of these changes. I agree to provide a copy of an insurance policy for the vehicle(s) that includes liability, comprehensive and collision coverage, if any exists, to SCAQMD, naming them as a beneficiary and named insured. Otherwise at a minimum a liability policy must be in force and must include SCAQMD on the policy as a beneficiary and an additional named insured. The obligation to operate the vehicle in the District is subject to the occurrence of unforeseen circumstances beyond the reasonable control of the responsible party and the vehicle operator that renders the vehicle inoperable. If that occurs, the responsible party and/or vehicle operator shall replace the inoperable vehicle with a vehicle that is ULEV or cleaner, and shall operate that vehicle in the District for a period of time that is equal to the difference between 3 years and the period of time the inoperable vehicle was operated in the District.

SIGNATURE OF RESPONSIBLE INDIVIDUAL: _____ DATE: ____/____/____

SIGNATURE OF ASSOCIATION REPRESENTATIVE: _____ DATE: ____/____/____

Section III – For AQMD use only

Type of Taxi(s)	Total Cost of Taxi	Incentives Used	AQMD Funding	Operator Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Outside sources and amount of incentive funding:

Funding source _____ Amount _____

Funding source _____ Amount _____

Funding source _____ Amount _____

Total outside funding available: _____

Total AQMD funding requested: _____

Total AQMD funding approved: _____

- Approved for vehicle financing on balance
- Responsible for more than one taxi
- Paying cash for remaining vehicle cost
- Approved for fueling card

FUNDING APPROVED _____ **FUNDING DISAPPROVED** _____

DATE TAXI DRIVER NOTIFIED: _____

DISBURSEMENT OF FUNDS:
DEALERSHIP OF PURCHASE: _____

ADDRESS: _____ **PHONE:** _____

DATE _____ **AMOUNT** _____ **CHECK #** _____

VEHICLE(S) PURCHASED	VIN #	MEDALLION / LAX PERMIT#	ODOMETER READING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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RULE 1194 INFORMATION FORM AND CO-FUNDING AGREEMENT

Purpose

For all public and private fleets that provide passenger transportation services out of commercial airports operating in the SCAQMD, this rule requires passenger car, light-duty truck, medium-duty transit vehicle, and heavy-duty transit vehicle fleet operators to acquire cleaner burning or alternative-fueled vehicles to reduce toxic and criteria pollutant emissions when procuring or leasing these vehicles in the District unless otherwise exempt.

Applicability

This rule applies to all public and private fleet operators of fifteen (15) or more vehicles operated by the airport authority or to any other public or private fleet operators that transport passengers from commercial airports located in the District. This rule shall not apply to public or private fleet operators subject to other AQMD fleet vehicle rules.

Please read and initial the following:

- _____ I understand this co-funding is at the discretion of the SCAQMD.
- _____ Applicants for co-funding must demonstrate that the \$10,000 they provided for vehicle is immediately available.
- _____ Applicants for co-funding are responsible for the cost of converting the vehicle to meet taxicab specifications.
- _____ Applicant agrees to provide the SCAQMD with the vehicle identification number of any vehicle purchase with this co-funding within 10 days of the number becoming known to applicant. The VIN number will be sent by US Mail to the SCAQMD, attn: Dave Coel, 21865 Copley Drive, Diamond Bar, CA 91765
- _____ The applicant is responsible for sales tax on the \$10,000, vehicle license and registration fees.
- _____ The applicant agrees to purchase the vehicle within 10 working days after being notified funding has been approved. If purchase isn't completed in this timeframe, the airport fleet operator must reapply for co-funding.
- _____ The fleet operator agrees to provide at the request of the SCAQMD any files and/or records regarding purchase information, such as a list of official DMV registrations, manufacturer, model-year, model, engine family number, fuel type, and odometer readings of each fleet vehicle.
- _____ Applicants agree to operate any vehicles purchased with this co-funding within the South Coast Air Quality Management District for at least three years and to return immediately the co-funding to the SCAQMD if the vehicle is no longer operated in the South Coast District. This provision is subject to the occurrence of unforeseen circumstances beyond the reasonable control of the responsible party and the vehicle operator that renders the vehicle inoperable. If that occurs, the responsible party and/or vehicle operator shall replace the inoperable vehicle with a vehicle that is ULEV or cleaner, and shall operate that vehicle in the District for a period of time that is equal to the difference between three years and the period of time the inoperable vehicle was operated in the District.
- _____ For vehicles owned by a taxi-cab franchisee, franchisee owner agrees to provide to the SCAQMD the slot number under which the vehicle is operated and further agrees to operate only ULEVs under that slot number.
- _____ This agreement supplements the agreements made pursuant to the Rule 1194 Funding Request Form and I have read and understand the above information/requirements for co-funding under Rule 1194.

SIGNATURE OF RESPONSIBLE INDIVIDUAL: _____ DATE: ____/____/____

SIGNATURE AND TITLE OF ASSOCIATION REPRESENTATIVE: _____ DATE: ____/____/____