



## LAX eGSE INCENTIVE PROGRAM APPLICATION

### SECTION 1: APPLICANT CONTACT INFORMATION

A. Please provide the following applicant information in the space provided:

Business Name	
Division of:	
Subsidiary of:	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____

Address			
City			
State		Zip	
Phone	(    )    -    Ext	Fax	(    )    -
Contact Name		Title	
E-mail Address			
Payment Name if Different			

### B. Funding Request Summary:

Total LAX eGSE Incentive Funding Requested:

\$ \_\_\_\_\_

Disposition of Existing GSE (e.g. scrap, retire or relocate): \_\_\_\_\_

*(Note that proof will be required prior to incentive reimbursement.)*

A valid quote for the proposed eGSE purchase is attached:    YES    NO (circle one)



## SECTION 2: GSE DESCRIPTION

### Existing Ground Support Equipment Description

Company name:	
Existing Equipment Unit #:	
What is the primary function of this equipment?	
Existing Equipment Type (e.g. baggage tug, belt loader, etc.):	
Existing Equipment Serial Number:	
Existing Equipment Make & Model: Make:	Model:
Existing Equipment Model Year:	

### Existing Engine Information (Existing)

Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # _____	
Fuel Type:	Existing Engine Make:
Existing Engine Model:	Existing Engine Year:
Engine Serial No.:	Existing Engine Horsepower:
Existing Engine Tier:	Existing Engine Family:
Annual activity in units of hour per year: _____ (hr/yr)	
If existing GSE has more than one engine, please provide information for 2 <sup>nd</sup> engine below:	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # _____	
Fuel Type:	Existing Engine Make:
Existing Engine Model:	Existing Engine Year:
Engine Serial No.:	Existing Engine Horsepower:
Existing Engine Tier:	Existing Engine Family:
Annual activity in units of hour per year: _____ (hr/yr)	



**SECTION 3: New Electric-Power Ground Support Equipment Information**

New Equipment Type (e.g. belt loader, etc.):
New Equipment Manufacturer:
New Equipment Model:
New Equipment Model Year:

**eGSE Cost Information**

You **MUST** attach a valid quote from the equipment vendor documenting the cost of the eGSE.

Applicant Grant Request Amount: \$
Applicant Co-Funding Amount (if any): \$
Applicant provide information (program title, incentive amount) regarding any additional incentives received for this equipment, or programs that will be considered for additional funding for this equipment. In no case shall the total of all incentives exceed the overall cost of the new eGSE.

**SECTION 4: PROJECT IMPLEMENTATION SCHEDULE**

Please provide a schedule including the following estimated dates for each piece of eGSE proposed:

- Estimated date eGSE will be ordered;
- Anticipated delivery date;
- Anticipated in-service date (if different from delivery date);
- Anticipated date existing GSE will be scrapped or removed from California.