APPENDIX I - VOUCHER INCENTIVE PROGRAM INSPECTION FORM

MSCD/ITAB-230 (NEW 01/2023) PAGE 1 OF 4

TYPE OF INSPECTION

| THE OF MODILION | | | | | |
|--|-----------------------|-----------------------------|------------------------------------|--|--|
| Existing Vehicle: Pre-Inspection Pre- | Dismantle | ☐ Dismantle | | | |
| Post-Inspection: Replacement Vehicle Post-Inspection | | | | | |
| Legible Pictures: | | | | | |
| APPLICANT INFORMATION | | | | | |
| Company Name: | | | | | |
| Owner Name: | | | | | |
| Address: | | City, State, Zip: | | | |
| Telephone Number: | | | | | |
| Inspection Location: | | | | | |
| | | | | | |
| VEHICLE INFORMATION | | | | | |
| Existing or Replacement Vehicle? □ Existing □ Replacement | | | | | |
| Vehicle Make: | Vehicle Model: | | Vehicle Model Year: | | |
| Vehicle Identification Number: | License Plate Number: | | Date of Manufacture: | | |
| Odometer Reading: | Hour meter Reading: | | Vehicle operational? ☐ Yes ☐ No | | |
| DOT Number (if interstate): | CHP number: | | Fleet ID: | | |
| Cab Style: Conventional Cab-over | | Original Manufacturer GVWR: | | | |
| Replacement Vehicle Only: Is vehicle used? Yes No | | | | | |

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VOUCHER INCENTIVE PROGRAM

APPENDIX I - VOUCHER INCENTIVE PROGRAM INSPECTION FORM

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VEHICLE INFORMATION

| Engine or Electric Motor or Powertrain Information? | | | | | | |
|--|--------------------------|-----------|-----------------|-------|----------------------|--|
| Engine | Electric mo | | ∵ Powertrain | 1 | | |
| | | | | | D 1 (1)4 (1 | |
| Make: | Model: | | Model Year: | | Date of Manufacture: | |
| Serial Number: | Engine or Vehicle Family | | y Number/Nam | ie: | Horsepower: | |
| Engine or Vehicle operational? ☐ Yes ☐ No | | | | | | |
| Fuel used? | | | | | | |
| Existing: Diesel Other: Replacement: Electric Other: | | | | | | |
| Existing Vehicle Only: Filter Installed? Yes No | | | | | | |
| FOR PRE-DISMANTLE INSPECTION ONLY, SPECIFY | | | | | | |
| Dismantler: | Conta | act name: | | Telep | hone: | |
| DMV title delivered and signed by owner? ☐ Yes ☐ No | | | | | | |
| Engine operational? ☐ Yes ☐ No | | | | | | |
| FOR DISMANTLE INSPECTION ONLY, SPECIFY | | | | | | |
| Dismantler: | | Contact n | ame: | Te | elephone: | |
| Non-Repairable Vehicle Certificate Filed with DMV? Yes No | | | | | | |
| ☐ Yes ☐ N | NO | | | | | |
| Frame Rails Cut? | No | | | | | |

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ON-ROAD VOUCHER INCENTIVE PROGRAM

STATE OF CALIFORNIA CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY CALIFORNIA AIR RESOURCES BOARD

APPENDIX I - VOUCHER INCENTIVE PROGRAM INSPECTION FORM

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FOR DISMANTLE INSPECTION ONLY, SPECIFY

| | , - |
|--|---|
| Comments: | |
| By signing below, I certify, under penalty of perjury under the law and am familiar with the requirements of and obligations under the that the information, data and statements provided are accurate, completion of a reasonable review of records and my inquiry of the responsibility for obtaining said information, data and statements, perjury under the laws of California that said statements, data and complete, including but not limited to the pictures, photos, descriptions of the inspected vehicle. I am aware that there are significantly understand, accept and agree that this inspection form is including the Air District. | ne Voucher Incentive Program and true and complete. Based on my hose individuals with primary, I further certify under penalty of ad information are true, accurate, and ptions, characterizations and nificant penalties for knowingly possibility of criminal sanctions. I also |
| Signature: | Date: |
| Authorized Name: | |
| Air District / Dealership: | |
| Address: | City, State, Zip: |
| Telephone Number: | |

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REQUIRED PHOTOGRAPHS

Digital photos should be clear images with a minimum of 640x480 capture resolution. The air pollution control or air quality management district (air district) will specify the digital media required to save the pictures on.

(Check the boxes/circles of pictures taken)

| PRE-INSPECTION OF EXISTING VEHICLE | POST INSPECTION OF REPLACEMENT VEHICLE |
|--|---|
| ☐ Vehicle from left side | ☐ Vehicle from left side or right side |
| Vehicle from right side | Vehicle Identification Number (VIN) |
| Vehicle from front (license plate, if available) | Gross Vehicle Weight Rating (GVWR) |
| Vehicle from back | Odometer Reading |
| Vehicle Identification Number (VIN) | Zero-emission vehicle tag |
| Gross Vehicle Weight Rating (GVWR) | Electric motor or powertrain make |
| Odometer reading | |
| · | |
| Engine tag (if available)* | · |
| Engine make Facine model | Electric motor or powertrain family |
| Engine model Forming a principle of (EQN) | number/name |
| Engine serial number (ESN) | |
| ○ Engine family number/name | |
| DOT / CHP Numbers | |
| Retrofit device (if installed) | |
| Retrofit device tag (if installed) | |
| PRE-DISMANTLE INSPECTION OF | DISMANTLE INSPECTION OF EXISTING |
| EXISTING VEHICLE | VEHICLE |
| Vehicle from left side or right side | ☐ Vehicle from front (license plate, if |
| ☐ Vehicle Identification Number (VIN) | available) |
| ☐ Gross Vehicle Weight Rating (GVWR) | ☐ Vehicle Identification Number (VIN) |
| Odometer Reading | Engine serial number (ESN) |
| Engine serial number (ESN) | Cut in frame rails |
| | Hole in engine block (at least three inches |
| | wide) |

^{*}If engine tag is missing, additional manufacturers documentation verifying engine make, model and family number associated with the photographed ESN stamped on the engine block must be submitted.