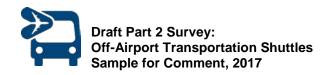
Preliminary Draft Survey for Review and Comment June 28th, 2017



THIS IS A SAMPLE SURVEY FOR REVIEW AND COMMENT. PLEASE PROVIDE COMMENTS ON THE PROPOSED TEXT AND QUESTIONS TO Mr. Anthony Poggi at anthony.poggi@arb.ca.gov BY JULY 21st, 2017

Introduction

Promoting the development and use of zero-emission airport ground transportation will help the California Air Resources Board (CARB) achieve the emission reduction strategies outlined in the Mobile Source Strategy, State Implementation Plan and the Sustainable Freight Action Plan. Vehicles like off-airport transportation shuttles that operate on fixed routes, have stop-and-go operations, maintain low average speeds, and are centrally maintained and fueled are ideal candidates for targeting zero-emission electric technologies.

The purpose of this survey is to gather detailed information about everyday operations of airport ground transportation fleets and to better understand variations among different types of fleet operations. This survey will help CARB to better estimate individual fleet costs (including vehicles and infrastructure) and understand potential opportunities and challenges associated with incorporating airport shuttles with zero-emission operating capabilities into the fleet. Accuracy and completeness of fleet data, including data collected in this survey, will be vital to CARB's efforts in developing a measure that integrates efficiently with businesses involved with airport ground transportation and achieves the desired emission reductions.

Directions

This survey is designed to be completed by companies that operate shuttles providing ground transportation to and from a specific airport. Companies that provide shuttle service to multiple airports will complete one survey for each airport. If you are writing your responses by hand and need extra space, you can add extra pages at the end of this survey with the company's name, your contact information and the question number to which the answer refers.

Surveys should be returned directly to the California Air Resources Board upon completion. CARB will work closely with Airport Shuttle Bus Workgroup to interpret the results. Please submit any inquiries, along with the completed survey(s) by XXXXX to Mr. Anthony Poggi at anthony.poggi@arb.ca.gov. You can either submit the electronic version via email or you can print the survey and mail it to the following address:

California Air Resources Board
Incentives and Technology Advancement Branch, 5th Floor
Attn. Anthony Poggi
P.O. Box 2815
Sacramento, CA 95812-2815

Thank you for your assistance in completing this important survey. We appreciate your efforts.

1. Company/Contact Information

Company Name	
Mailing Address	
City	
State/Province	
Zip	
Phone Number	
Primary Contact Name	
Primary Contact Email	
Primary Shuttle Bus Contact Name (if	
different from above)	
Primary Shuttle Bus Contact Phone Number	
Primary Shuttle Bus Contact Email	
passengers to and from the airport.	t? Include only shuttles/buses/vans that transport
Please describe the nature of your business destination). For businesses that exclusively destinations are serviced by your fleet (other	operate shuttles please describe what type of
 Have you reduced or expanded the number of plans to do so over the next 5 years? If yes, expansion/contraction and the number of veh 	
5. What are the NAICS codes for your business	5?

6.	The proposed regulation may require in-use diesel and CNG shuttles be replaced with zero-emission shuttles. Will your business be disproportionately impacted by such a regulation due to your size/scale/service type etc.? If yes, please explain and provide information below.
7.	Please fill in the blank spaces below to provide information about your shuttle purchase cycle.
•	Average vehicle lifespan: years. • Average turnover: vehicles per year.
•	Average number of vehicles purchased simultaneously: Percentage of shuttle purchases involving used vehicles: %
8.	Please rank the following factors in order of importance when evaluating shuttle purchases: total cost of ownership, capital cost, payback return, cost-sharing opportunities, fuel economy, performance, safety, capacity, reliability.
9.	Do you currently have or are you in the process of purchasing any zero-emission vehicles in your shuttle fleet? If yes, how many?
10	Do you consider the purchase of zero-emission shuttles or other zero-emission technology in your annual vehicle purchases? If not, what are the issues that prevent the purchase of ZEVs?

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11.		ct when beginning a new r, co-op, or internal purcl	vehicle purchase? (e.g hasing agent)	., dealer, chassis m	anufacturer,
12.					If yes, please
	□ CNG	☐ Renewable CNG	Fuel Standard (LCFS) Program (e.g. u		□ None
13.	, ,	p for the Low Carbon Fug & transfer system)? □	, ,	gram (e.g. utilizing t	he reporting
14.	Describe how you off-site, etc.)	typically purchase fuels	by fuel type. <i>(e.g., annua</i>	al contracts, spot ma	arket, utility,

15. <u>Shuttle/Bus Route Information</u>: Please fill in the table below with information about your shuttle fleet's route(s). Use a different line for each unique route traveled by vehicles in your fleet. Please begin with the routes that are most commonly traveled. If you need extra space please use table provided on the following page.

Route #	Round Trip Distance (miles)	Number of Stops	Maximum Speed (mph)	Average Speed (mph)	Round Trips per Day	Varied or Fixed?*
1	Ex: 4	3	35	20	20	Fixed
2	8	7	50	25	10	Fixed
1						
2						
3						
4						
5						
6						

^{*}A <u>fixed</u> route is considered one in which vehicles repeatedly transport passengers between the same locations (e.g. off-airport parking lot and an airport). The number of stops along the route may vary but general route traveled and round trip distance are consistent. A <u>varied</u> route is one where the origins, destinations, locations of stop, and/or the round trip distance of the route may fluctuate.

Route #	Round Trip Distance (miles)	Number of Stops	Maximum Speed (mph)	Average Speed (mph)	Round Trips per Day	Varied or Fixed?*
7						
8						
9						
10						
11						
12						
13						
14						
15						

Survey continues on the following page

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16. <u>Ground Transportation Shuttle Information</u>: Please fill in the table below with information about each shuttle operating in your fleet. For your convenience, please group similar/identical vehicles together. Please only include vehicles that are involved in passenger transport to/from an airport. There is no need to repeat identical information for consecutive vehicles (see example below).

	Last Six	License	Body Type	Length	GVWR	Engine	Fuel	Сара	city	Operation				
	Digits of	Plate #	(e.g. Low	(feet)		Model	Type	Seated	Total	Avg. M	iles	Daily	Estimated	Mid-Day
	VIN#		Floor, Coach, Cutaway Van, Minibus)			Year				Annual	Daily	Hours of Operation	Daily Idle Time (minutes)*	Refueling Required? (Y/N)
1	Ex: 63490	9X4XXXX	Cutaway	25	14,500	2010	CNG	22	22	65,000	180	15	60	N
2	225320	3C2XXXX	" "	" "	"	" "	"	" "	" "	" "	" "	"	" "	N
3	109754	8Z3XXXX	Van	20	10,000	2013	Diesel	16	16	52,000	140	12	90	N
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2														
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4		/												
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/12														
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17														
18														
19														
20														

^{*}Daily idle time refers to the amount of time the vehicle is stopped with the engine running while on route (e.g. loading or unloading passengers). To estimate the daily idle time use the following formula: **#of daily round trips** x **avg #of stops per round trip** x **avg. #of minutes idling at each stop.**



	Last Six	License	Body Type	Length	GVWR	Engine	Fuel	Сара	city		Opera	ntion	
	Digits of VIN #	Plate #	(e.g. Low Floor, Coach, Cutaway Van, Minibus)	(feet)		Model Year	Туре	Seated	Total	Avg. Miles Annual Dail		Estimated Daily Idle Time (minutes)*	Mid-Day Refueling Required? (Y/N)
21													
22													
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	Last Six	License	Body Type	Length	GVWR	Engine	Fuel	Capa	city			Opera	tion	
	Digits of	Plate #	(e.g. Low	Length (feet)		Model	Type	Seated	Total	Avg. N	liles		Estimated	Mid-Day
	VIN#		(e.g. Low Floor, Coach, Cutaway Van, Minibus)	,		Year	,,			Annual	Daily	Daily Hours of Operation	Daily Idle Time (minutes)*	Mid-Day Refueling Required? (Y/N)
46														
47														
48														
49														
50														
51														
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	Last Six	License	Body Type	Length	GVWR	Engine	Fuel	Сара	city			Opera	tion	
	Digits of VIN #	Plate #	(e.g. Low Floor, Coach, Cutaway Van, Minibus)	(feet)		Model Year	Type	Seated	Total	Avg. M Annual	iles Daily	Daily Hours of Operation	Estimated Daily Idle Time (minutes)*	Mid-Day Refueling Required? (Y/N)
71														
72														
73														
74														
75														
76														
77														
78														
79														
80														

Thank you for completing this survey!