



Arkansas Energy Office
Official Application for Compressed Natural Gas Conversion Rebate for Fleet Vehicles
American Recovery and Reinvestment Act of 2009

Please complete this application form accurately and in its entirety to be considered for participation in the Compressed Natural Gas Conversion Rebate Fund for Fleet Vehicles. **This form should only be submitted if your reservation request has been approved by the Arkansas Energy Office.** If you have any questions or problems completing the form, please contact us at 501-682-7346 or KVolin@ArkansasEDC.com.

Applicant Information:

Company Name: _____

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Email address: _____

Vehicle Information:

Vehicle Make	Year	Model	VIN



Vehicle Conversion:

Date of Conversion

Name of Conversion Dealer

Address

City

State

Zip Code

Total Cost of Conversion = \$ _____

Total Cost of Conversion x 50% = \$ _____ = Amount of Rebate, up to \$25,000

NOTE: A detailed invoice and/or paid receipt and Arkansas state vehicle registration form must be attached to this application.

New Vehicles:

Comparable Vehicle Information:

_____	_____	_____	\$
Make	Model	Year	MSRP

MSRP of CNG Vehicle Purchased = \$ _____

Difference between MSRP of CNG Vehicle and Comparable Vehicle = \$ _____

Amount of Rebate, up to \$25,000 = \$ _____
Difference (Incremental Cost) x 50%

NOTE: If vehicle was purchased factory equipped to operate on CNG, copies of the dealer invoice and Arkansas state vehicle registration form must be attached to this application.

*Applicants Signature

Date

**Please be advised that your signature on this application authorizes the Arkansas Energy Office, or its designee, to inspect the converted vehicle upon prior notification.*

Mail completed application to the ARKANSAS ENERGY OFFICE, 900 W CAPITOL AVE STE. 400, LITTLE ROCK, ARKANSAS 72201. (Telephone: 501-682-7346)