

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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COMMUNITY AIR PROTECTION PROGRAM

Project Life Annual Equipment Usage

Please type or print all information.

Section 1: Grantee information

Grantee name:

Address, city, state & ZIP:

Phone:

Email address:

Due date:

Section 2: Equipment information

Provide the following equipment usage information annually based on the anniversary date of the post inspection/installation date (use additional sheets as necessary):

1. Annual usage per charger and number of plug-in events:

Note: Along with this date, applicant must submit an electronic data report.

CHARGER	REPORT PERIOD BEGIN	REPORT PERIOD END	TOTAL USAGE (KILOWATT-HOURS)	No. OF PLUG-IN EVENTS
1				
2				
3				
4				

2. Public or private charger?

Describe public/private uses (*who is using the charger*):

3. Has the grant-funded equipment exhibited any unscheduled downtime over this period?

Yes No

If yes, please attach description of issue(s), cause(s) and duration of downtime.

Section 3: Certification

I hereby certify that all information contained herein is true and correct.

Signature of Responsible Party:

Official Title:

Name:

Date:

Completed report should be sent by one of the following methods:

Mail

Mojave Desert AQMD, Attn: **Grants**

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