

MPA VEHICLE ENGINE FUEL INCENTIVE PROGRAM

Incentive Application

MPA
PO Box 220
Princeton MN
55371
763-633-4271
fax 763-631-4272

Submit this completed form with the required documentation to the Minnesota Propane Association (MPA) at the address on the right of this page. To apply for this rebate:

- (1) Applicant must sign the application;
- (2) Attach the invoice for the vehicle or conversion kit system;
- (3) **Keep a copy of the completed application and all the necessary documentation for your records.**
- (4) Applications must be received within 60 days of purchase or conversion and be accompanied by a valid sales Receipt.

Autogas Vehicle Purchase or Conversion of Existing Gasoline Models, 16,000 GVW or less

<u>Vehicle Year</u>	<u>Incentive Amount</u>
2009 or Newer	\$4,000

VEHICLE or RETROFIT INFORMATION

Make _____ Model _____

Year _____ Vehicle Identification Number (VIN) _____

Conversion Kit Maker _____ Conversion Kit Model # _____

US EPA Certification Number _____

MINNESOTA RESIDENT APPLICANT INFORMATION

Name _____ Phone _____

Address _____ City/State/Zip _____

Email: _____

I understand that this incentive is available only through the Minnesota Propane Association, that it is not a government program, and that the program may end at any time. I understand the MN Propane Association assumes no responsibility whatsoever for the vehicle or conversion kit and, by issuing an incentive, makes no representation, warranty or guarantee regarding the qualifying vehicle or conversion system. MPA disclaim any liability for any personal injury, property damage, business losses, or any other damages of any other nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly arising from the use of the vehicle or conversion kit.

Applicant Signature

Date

INDUSTRY MEMBER APPLICANT INFORMATION

Name _____ Company _____

Address _____ City/State/Zip _____

Phone _____ Email: _____

I understand and agree to all rules and conditions for participation in this program. I hereby declare that I am authorized to sign this application and that the information stated herein is true, correct and complete to the best of my knowledge.

Company representative signature

Date

January 2019

Original with signatures to MPA, make copy for your records.