

Fleet Assessment Service Application



JOINT UTILITIES
OF NEW YORK

Thank you for your interest in conducting an assessment to understand your options for converting your fleet to electric vehicles. Please complete this form to the best of your ability and send it to the email address(es) for your utility provider(s) listed on the website. A representative from the utility provider(s) will respond to your request within 10 business days. If you are applying for fleets in multiple utility jurisdictions, you must fill out a separate application for each jurisdiction and send to the appropriate parties.

1. COMPANY INFORMATION

COMPANY NAME			
STREET ADDRESS	CITY	STATE	ZIP

2. POINT OF CONTACT INFORMATION

NAME	TITLE
EMAIL ADDRESS	PHONE NUMBER

3. SITE INFORMATION

TOTAL NUMBER OF FLEET SITES _____

ARE YOU CONSIDERING ELECTRIFICATION OF ALL FLEETS/SITES OR ONLY A SUBSET IN NEW YORK? Please provide a brief explanation below.

SITE 1			
STREET ADDRESS	CITY	STATE	ZIP
CHECK SITE TYPE:	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		



3. SITE INFORMATION (CONTINUED)

SITE 2			
STREET ADDRESS	CITY	STATE	ZIP
CHECK SITE TYPE:	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		

4. WHICH NEW YORK UTILITIES SERVE YOUR FLEET LOCATIONS?

Please select all that apply.

- Central Hudson
 Con Edison
 National Grid
 NYSEG
 RG&E
 Orange and Rockland
 Unsure

5. FLEET TYPE (ON-ROAD VEHICLES ONLY)

COMMERCIAL GOODS MOVEMENT

- Long-haul delivery
 Regional or medium-haul delivery
 Last-mile delivery
 Parcel delivery
 Refrigerated
 Port yard truck
 Raw materials transport
 Armored security
 Other _____

PUBLIC TRANSIT

- Urban transit bus
 Paratransit bus
 Rural transit bus
 School bus
 Airport shuttle
 Other _____

FOR-HIRE TRANSPORTATION

- Taxi
 Rideshare or Transportation Network Company (TNC)
 Limousine or black car service
 Other _____



5. FLEET TYPE (CONTINUED)

UTILITY & COMMERCIAL SERVICE FLEET *(See Section 6 for descriptions of vehicle duty)*

Utility: Light/Medium Duty Light Heavy/Heavy Duty Other

Telecommunications: Light/Medium Duty Light Heavy/Heavy Duty Other

Service van (i.e. cargo van or sprinter) Construction Tow truck

Other _____

PRIVATE FLEET *(See Section 6 for descriptions of vehicle duty)*

Retail: Light Duty Medium Duty Other

University or corporate campus shuttle Hotel shuttle Coach bus Non-profit

Other _____

GOVERNMENT & PUBLIC SERVICE FLEET

Mail delivery Parks service Solid waste collection Street sweeper Other sanitation

Ambulance Fire Police or Public Safety Federal LDV State/Provincial LDV

Municipal/Local LDV Other _____

6. FLEET PROFILE

TOTAL NUMBER OF VEHICLES IN FLEET TO ELECTRIFY _____

LIGHT DUTY VEHICLES (GVWR Class 1-2)

None Less than 10 vehicles 10 – 50 vehicles 51 – 100 vehicles More than 100 vehicles

MEDIUM DUTY VEHICLES (GVWR Class 3-5)

None Less than 10 vehicles 10 – 50 vehicles 51 – 100 vehicles More than 100 vehicles

HEAVY-DUTY VEHICLES (GVWR Class 6-8)

None Less than 10 vehicles 10 – 50 vehicles 51 – 100 vehicles More than 100 vehicles



7. FLEET BUDGET

Annual operating budget and capital budget for vehicles and charging equipment.

- Less than \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000
\$5,000,001 - \$10,000,000 \$10,000,001 + Don't know

8. DO YOU CURRENTLY HAVE ANY PLUG-IN EVS IN YOUR FLEET?

Yes No If so, how many? _____

9. DO YOU CURRENTLY HAVE INSTALLED EV CHARGING STATIONS THAT YOU OWN, OPERATE, OR LEASE FOR YOUR FLEET?

Yes No If so, how many? _____

10. DO YOUR FLEET VEHICLES USE A TELEMATICS SYSTEM (CURRENTLY OR PLANNED)?

Yes No

11. BRIEFLY DESCRIBE THE PURPOSE AND DUTY-CYCLE OF YOUR FLEET INCLUDING (A) AVERAGE DUTY-CYCLE PER VEHICLE CLASS, (B) AVERAGE DWELL TIME PER VEHICLE CLASS, AND (C) AVERAGE HOURS OF OPERATION. (I.E. WHAT WORK DOES YOUR FLEET DO, WHAT ARE THE PERFORMANCE REQUIREMENTS, HOW MANY MILES ARE DRIVEN EACH DAY, ETC.)



11. BRIEFLY DESCRIBE THE PURPOSE AND DUTY-CYCLE OF YOUR FLEET INCLUDING (A) AVERAGE DUTY-CYCLE PER VEHICLE CLASS, (B) AVERAGE DWELL TIME PER VEHICLE CLASS, AND (C) AVERAGE HOURS OF OPERATION. (I.E. WHAT WORK DOES YOUR FLEET DO, WHAT ARE THE PERFORMANCE REQUIREMENTS, HOW MANY MILES ARE DRIVEN EACH DAY, ETC.) (CONTINUED)

12. PLEASE DESCRIBE CURRENT OR ANTICIPATED ELECTRIFICATION GOALS FOR YOUR FLEET, ALONG WITH ANY TARGETS, REGULATIONS, INCENTIVE PROGRAMS, OR OTHER MOTIVATORS THAT ARE DRIVING YOUR DECISION TO CONVERT YOUR FLEET TO EVS.



ADDITIONAL SITES (IF APPLICABLE)

SITE 3			
STREET ADDRESS	CITY	STATE	ZIP
CHECK SITE TYPE:	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		

SITE 4			
STREET ADDRESS	CITY	STATE	ZIP
CHECK SITE TYPE:	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		

